## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 250 | State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Data of Death 3. Time of Death **Physician** 630 A.M MAE 29 96 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTO. A ARABIA 4518 Ave md. 8. Date of Birth (Month, Day, Year) If Undar 1 Year Months Deys If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Deys 1□M 2KF Hours 73 Yrs. Director 082 22 7660 Usual Residance of Decedent -16 filed within 72 hours efter deeth with the Meryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Md BALTO N.A. 1 XYas 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4518 21214 ARABIA U.S. A AVE Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Orlgin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian. Black, Whita, atc. 1 Nevar Marriad 2 Married 1 ☐ Yes 2 M No If Yas, Giva 1 Yas 2 No BLACK Specify: þ 3 ☐ Widowed 4 € Divorced Year or Datas Completed 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) Elemantary/Secondary (0-12) is marked other than Collega (1-4or 5+) Steel Warker 12 permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: if item 27 is marked oth any liqury or other traumatic event Obtes. 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Maldan Surname) JONES Berry MA991E KODINSON 2 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 45718 BALTO. md. YNNette ARADIA 20a. Mathod of Disposition cematary, cramatory or other place) 20b. Place of Disposition (Name of Data 20c. Location - City or Town, Stata 1 Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 2/3/46 men. PK RAVIUS 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Home 130471. Entar the disaasa, or complications that causad the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death **Physician** Immediate Ceuse (Finel disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner The lew requires that the daeth certificate be executed ettending physician and for use as the bunel-transit Sequantially list conditions, if any, leading to immadiata cause. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last Division of Vital Records, P.O. Box 68760, Due to (or as a consequence of) Part It, Other significant conditions contributing to death but not resulting in the underlying cause siven 23b. Did tobacco use contribute to the cause of death? 9 signed by to d be detach Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy has 2 No 213 No 1 Yas or Attending Physician: Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only one) axaminar? Other: 4 Nursing Homa Hospital: မှ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOM 5 Residence 6 □Other (Specify) this 27. Manper of Death 28a. Date of Injury (Month, Day Year) Injury at Work? 28d. Describe how Injury occurred Certification: : After t Natural 5 Pending Invastigation death. 2 Accidant Director: A 6 Could not be detarmined 3 ☐ Sulcide 28a. Placa of Injury - At homa, farm building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town State) after 4 Homicida Meurs 8 To cettifying Physician: To tha best of my knowledge, death occurred et the tima, date and plece, and dua to tha causa(s) end manner as steted.

Medicat Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred et tha tima, date and plece, and dua to tha cause(s) and mannar stated. 29a. Cartifiar Medicai (Check only one) 29b. Signatura 29d. Date signed (Mønth, Day, Year) 1 23a) (Type, Print) 30. Nema and addr State Registrar

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEI					
	DECEDENT'S NAME (First, Middle, Last)	LONIE B	ARNE	5		DAY 4.24.199				
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthdey)  1 UNDER 1 YEAR  1 UNDER 1 YEAR  7. DATE OF BIRTH (Morith, Day, Year)  1 - 257 - 34									
TOR	90. FACILITY NAME (If not institution, give street end number)  Northwest Hosp. Center 04 d Court Rd 3 alto.									
DIRECTOR	10e. STATE 10b. COUNTY	A	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4209 Rid	gewood A	VB	101. ZIP CODE	•	10g. CITIZEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II	AS DECENDENT OF HISPAI yes, specify Cuben, Mexica YES 2 NO Specifi	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: 3 Lack			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	completed)	DECEDENT'S USUAL OCC (Give kind of work done di ite. Do NOT use retired.)	uring most of working	16b. KIND OF BI	USINESS/INDUSTE	ay .			
COM	17. FATHER'S NAME (First, Middle, Last) TONY POW		1,0336	18, MOTHER'S NA	ME (First, Middle, Meide	n Surneme)				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	(Street and Number or Rum)		wn, State, Zip Code	o) 51714-			
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)	20b. PLAC	E AND DATE OF DISPOSIT	Forest Com		OCATION - CHY	or Town, State Mells Md			
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Locks.	W 22. N	ocks Jun	veral Hom	1304	n. Central a			
	23. PART I Eger the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acas do	fic Lol		n Cer	piratory arrest,	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1   YES 2   NO OF DEATH?									
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 ND	26. PL HOSPIFAL: 1   Inputient 2   ER/Outputient	ACE OF DEATH (Check of OTHER 3 DOA 4 Nursi		6 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME DF INJURY M	26c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	D			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE DF INJURY — At home, ferm, atreet, tectory, office building, etc. (Specify)  28e. PLACE DF INJURY — At home, ferm, atreet, tectory, office City or Town, Stete)									
COMPLETED	enel	CIAN: To the best of my knowledge, R: On the basis of examination end/o					use(e) and menner ee stated.			
BE	296. SIGNATURE AND TITLE OF CENTIFIES	To the state of th		29c. LICENSE NU	MBER 9/	29d. DATE SIG	SNED (Month, Day, Year) JUARY. 24/946			
2	20. MAME AND ADDRESS OF PERSON WIN	o countered cause of Death (1)	TEM 27) (Type, Print)	Randa	& Tun	-211	3)			
	S1. DATE FILED (Month, Day, Year)  FFR 0 2 1996 Ja	32. REGISTRAR'S SIGNATURE								

State Registrar

FEB 0 2 1996

31. Dete filed (Month, Dey, Year)

MARIO F. GOLL

M.P. 111 Penn Street, Baltimore, Maryland 21201
32. Registrer's Signature

30. Neme and address of person who completed cause of deeth (tem 23e) (Type, Print)

JK

O.C.M.E.

JANUARY 29, 1996

DHMH 16 Rev 6/95

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

96 02504 ITEM: 23 PART II, ER DR. FILM G-732 2/2/96 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 11:10 A. 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) 84 DAYS 1 - M 2 F May 22 9e. FACILITY NAME (If not institution, give street end number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ba MEMORIAL Itimo RE NA DIRECTOR GOICH RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWH OR LOCATION 10d. INSIDE CITY NA MO MORE Dal 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STREET 1901 N. MONROE 12 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, While, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 HO Specify 1 Never Married 2 Married Specify: ВУ 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) COMPL AUNDRU + lime EEPER 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Meiden Surneme) BE 19a. INFORMANT'S NAME (Type/Ptint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number 2 MONROF 121 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Buriel 2 Cremation 3 Removal from State soll. Donation 5 Other (Specify) ofist Chur. Com 22, NAME AND ADDRESS OF FACILITY MARCH 21512 Wabash 300 23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition\_ Ms reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PF DEATH YES NO UNCERTAL 28. PLACE OF DEATH (Check only one) DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | DDA Home 5 ☐ Realdence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 26c. INJURY AT WORK7 26d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, larm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number City or Joyn, Stete) 3 Sulcide 6 Could not be determined COMPLETED 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated, 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(e) end menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. 띪 D25662 28

> SI 32. REGISTRAR'S SIGNATURE

COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)

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be executed within 24 hours aren death. Fage 6 may be retained by the hospital or artending physician.	cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	The normal of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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RUTH	(First, Middle, Lest)	VIOLA		co	TTREL	L			2. DAT	TE OF DEATH	<sup>™</sup> 199	S YEAR	3. TIME OF DEATH 9:25 am M
4. SOCIAL SECURITY 1 220-05-8	1	5. SEX 1  M 2  F	6. AGE (In yrs. II	sst birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24	MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 11,		191 Mar		HPLACE (State or Foreign Pry)
Maria and a second and a second	oseph Med		r		9b. CITY,		BON,		EATH 9c. COUNTY OF D				
Maryland	10b. COUNTY	N/A			y, town of		ON						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1 East La		ie				101.	2121	12				U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 3 Wildowed 4	100000	12. WAS DECEDER FORCES? IF YES, GIVE			11	yes, spe	enDENT OF celty Cuben, 2 [XNO	Mexica	in, Puert	SIN? (Specify Yee o Ricen, atc.)	or No—	14. RAC Blac Spec	E — American Indian, ok, White, etc. city: White
	DECEDENT'S EDUC fly only highest grade ary (0-12)		+)	DECEDENT'S Give kind of the Do NOT u	work done do se retired.)								
17. FATHER'S NAME (FI		lader								t, Middle, Meiden			
Eddie Nei	19a. INFORMANT'S NAME (Type/Print)  Eddie Nelson Cottrell  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1 East Lake Avenue, Baltimore, MD 21212												
20. METHOD OF DISF 1 X Buriet 2 Cre 4 Donetton 5 2 21. BORATURE OF Sheet Care 23. PART I. Sheet tahock, IMMEDIATE CAUSI	ha diseases, or cor heart failula.	tombmen ensee osum a	sed		M 6	itch	nell-V York	Wie Roa	defe	eld Hom Baltim	e Ind	c. MD	
disease or condition resulting in death)  Ischemic Congestive Cardiomyopathy- End Stage  Due to (or as a consequence of):  Rheumatic Heart Disease- Severe Mitral Regurgitation									an aa C	ardiac or reap	iratory a	rreat,	
	onn	DUE TO	nic Cong	estive	Cardio	этуо	pathy-	End	d Ste	ige	iratory a	, , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death YEARS
	onditions, mmediate ERLYING r Injury	Rheun bue to Arterio	nic Cong	eative eouence c art Dis eouence c Heart	Cardio	omyo Seve	pathy-	End	d Ste	ige	iratory a	reall,	Onset and Death
Sequentially list or if any, leading to it cause. Enter UNDE CAUSE (Disease p that initiated event resulting in death)  PART II. Other significant in the cause of the cause o	onditions, mmediate ERLYING r layers last LAST	Bheun  DUE TO  Arterio  DUE TO  DUE TO  d.  as contributing to	o (or as a consideration Head) O (or as a consideration O (or a c	estive EQUENCE C Art Dis EQUENCE C Heart EQUENCE C	Cardic	Seve	pathy-	end F	Part I.	ige rgitation	AUTOPSY RMEO?		interval Between Onset and Death YEARS
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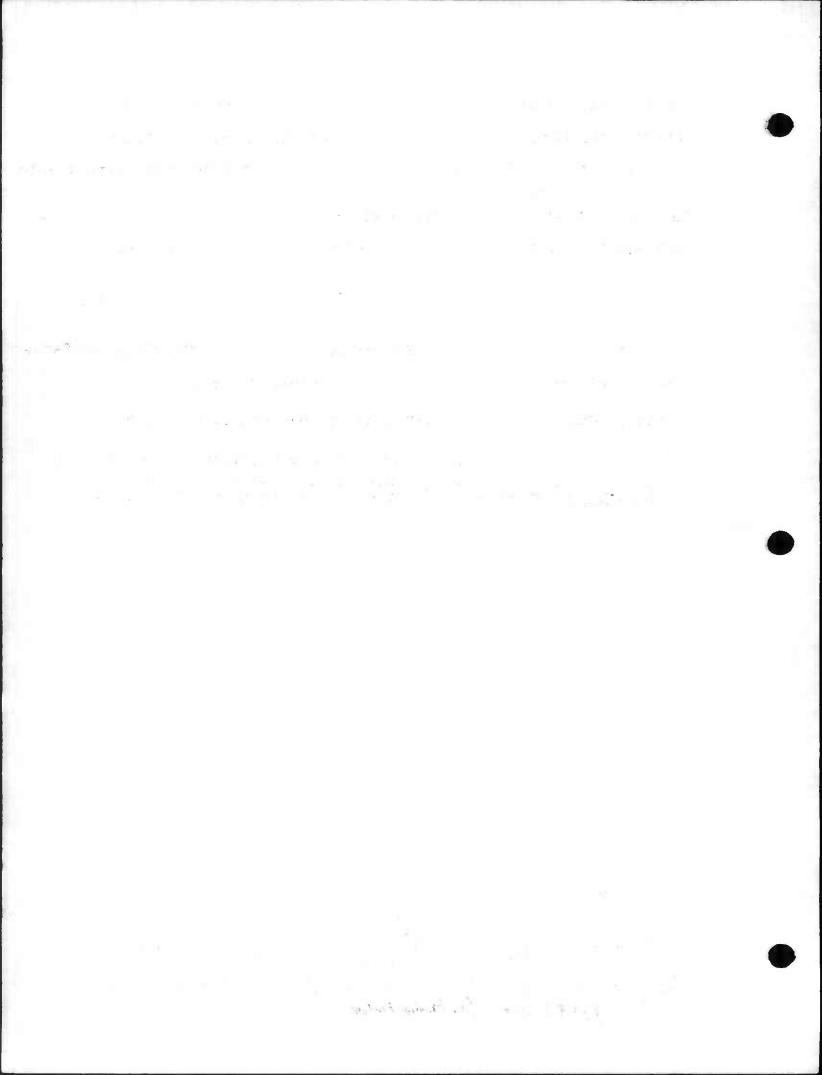
Item31 See Item32 2-2-96 FilmG732 W.H.Per F/R Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** January 31, 1996 Ethel Mae Combs 4:00 am /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 719 Wampler Road Middle River Baltimore Hours Min. S. Dete of Birth Month Pay, Year 17 5. Social Security Number If Under 1 Yeer 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 1 ☐ M 20XF Months Pennsylvania 212-30-8821 Director Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at Maryland Baltimore Middle River 1 ☐ Yes 218 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 710 Wampler Road 21220 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (ﷺ) of the Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 11. Maritel Stetus filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White à 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygien important: If Item 27 is marked other the any Injury or other traumests. Inspector Clothing Manufacture 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Russell Wilson Laura Peterson 2 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Finis G. Combs 719 Wampler Road Balt., MD. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 □ Cremetion 3 □ Removel from Stete Cedar Hill Cemetery 2/2/1996 Anne Arundel , Co. 4 Donation 5 Other (Specify) Bruzdzinski Funeral Home P.A. 1407 Old Eastern Ave. Balt., MD. 21221 caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Interval Between Onset and Deeth Physician Immediate Cause (Finel disease or condition resulting in deeth) /Medical eels Examiner Due to (or es e conseque Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, it any, teading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or es a consequence of): Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by ti 2 No 3 Probably 4 Unknown Completed by 24b. Were sutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? page 2 s certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was case referred to medical 28. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) ٩ 1 Yes 2 XNo 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? After ! Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun. 5 Pending investigetion 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Acertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner ss stated.
2 Medical Examtner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the ceuse(s) end manner stated. edical (Check only one) 29b. Signeture and title of cer 29c. License number 29d. Dete signed (Month, Day, Year) 1/31/1996 30. Name end address of person who completed ceuse of deeth (Item 23a) (Type, Print)

State Registrar 31. Dete filed (Month, Day, Year)

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FOR THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIEN REG. NO	
t. C	DECEDIANT'S NAME (First, Microlle, Last)	02120	2. DATE OF	F DEATH	

	1 - STATE REGISTRAR	STATE OF M				OF DE		MEN	REG. NO.	Ė			
	1. OECEDENT'S NAME (First, Middle, Last)		C	20	115	P			ATE OF DEATH	Y	CYEAR	3. TIME OF OEAT	н
	4. SOCIAL SECURITY NUMBER	5. SEX	A ACE (In use front		776	-		-	eb 1		16	033	M
		1 M 2 F	6. AGE (In yrs. last : 82	YRS.	MONTHS 1	DAYS HOU	NDER 24 HRS.	1 in	TE OF BIRTH	3	8. BIRTH		reign
	215-10-6968  9e. FACILITY NAME (If not institution, give a				9b. CITY, T	OWN OR LO	CATION OF DI				UNTY OF O	N.C.	-
S.	UNIVERSITY HO	SPITAL			ВА	LTIM	ORE			N/	A		
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY			
DIR	MD. N/A	BA	LTIM	ORE				LIMITS?			NO		
JAL	10e. STREET AND NUMBER		10f. ZIP CODE 21217						10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	938 N. GILMOR	12. WAS DECEDENT	EVED IN II C ADM	IED.	12 W			NIC OB	IGIN? (Specify Yes	or No			
	t Never Morried 2X Married	FORCES? 1)	YES 2 NO	0	10 1		luben, Mexica	en, Pue	rto Rican, atc.)	01110-	Blect	E — American India k, Whita, atc. ///	***
р Вү	3 Widowed 4 Divorced	05-14-4			-46							BLAC	K
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5	ROSE STEPHENS	COOPER	1						T BALT			21217	
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	4 Donation 5 Other (Specify)		GARRI	SON			VET 2		5-96 0	WIN	GS M	ILLS,	MD.
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_		CVC+C	OR AS A CONSECU		F):								
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RTIF	that initieted events resulting in death) LAST	300 10 (	ON AS A CONSEC	DENCE O	rr).							į	
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D BY	3 Suicide 8 Could not be	28s. PLACE OF	F INJURY — At hore etc. (Specify)	ne, ferm,	street, factor	y, office		281.	LOCATION (Street of City or Town, State)	and Numb	er or Rural	Route Number,	
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CO	2 MEDICAL EXAMIN		amination and/or in	rveatigati	on, in my op				dats and place, sn				tated.
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	31. DATE FILED (Month, Day, Your)	SIAN	L 141	73		12 5	S Care	ene	51	20	1/24	e 2120	(
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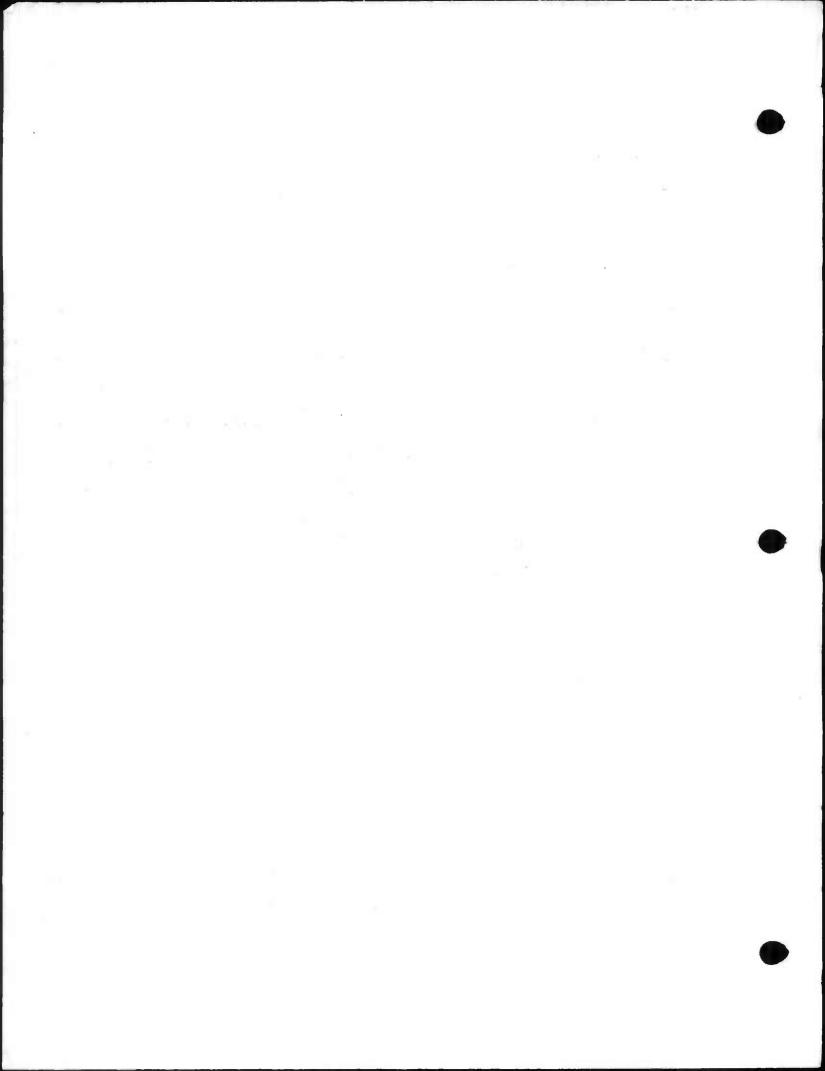
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Top   Street and Number   100. Street and Number   100. Street and Number   100. Marilyn Avenue   100. Zip Code   100. Citizan of What Co   100. N. Marilyn Avenue   12. Was Decodant Evar in U.S.   13. Was Decodant of Hispanic Origin? (Specify Yas or No. It Yas, Specify Cuben, Maxican, Puerto Rickan, etc.)   14. Reco- Ann   15. Decodant's Education   100. It Yas 20 No. It Yas, Specify Cuben, Maxican, Puerto Rickan, etc.)   15. Decodant's Education   100. It Yas 20 No. It Yas, Specify Cuben, Maxican, Puerto Rickan, etc.)   16a. Decodant's Usual Occupation (Glyce Rand of work does during most of working file. Do NOT use refired)   16b. Molhar's Nama (First, Middle, Maiden Sumanna)   16b. Molhar's Namanna (First, Middle, Maiden Sumanna)   16b. Molhar's Namanna (Firs	10d. Inside City Limit
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17. Father's Name (First, Middle, Last)   18. Mother's Name (First, Middle, Maiden Surmane)   19a. Informant's Name(First, Middle, Maiden Surmane)   19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, 2   14.05   Wilson Point Road Baltimore, 20a. Method of Disposition (Name of cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data   20c. Location - City or Cematery, crematory or other place)   Data	
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Date	Zip Code) 1 2 2 0
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Holly Hill Cemetery 2/6/96 Essex, Max	Town, Stata
Ambrose Funeral Home of Lansdo 2719 Hammonds Ferry Road 21  23a. Part: Enter the distance, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Ust only one cause on each line.  Immediate Cause (Final disease or pondition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause. Enter Underlying Cause. Enter Underlying Cause (Disease or injuly that installed events resulting in death) Last.  Due to (or as a consequence of):  Due to (or as a consequence of):  d.  Part II, Other significant conditions contributing to death but not resulting in the underlying cause given in Part L  10 Yes 20 pid 30 Price of the conditions of the line of the line of the underlying cause given in Part L  10 Yes 20 pid 30 Price of the line of the line of the line of the underlying cause given in Part L  10 Yes 20 pid 30 Price of the line of th	rvland
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23s. Part I: Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  Due to (or as a consequence of):	
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24a. Was an autopsy performed?	rocessiy 42 onesis
periormed?	Were autopsy findings available prior to
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	1 Yes 20146
25. Was case referred to medical 26. Place of Death (Check only one)	TELETINE ENGINEE
25. Was case referred to medical examiner? 1   Yes 2   No	and a
	icity)
O 1 Destural S Pending (Month, Day Year) Injury Work? 2 □ Accident investigation M 1 □ Yes 2 □ No	
3 Suicide 6 □ Could not be 28e. Place of Injury - At home, farm, street, factory, office 28t, Location /Street and Number or Fit.	ural Route Number,
4 ☐ Homicide determined 28e. Place of Injury - At home, tarm, street, factory, office bulkling, etc. (Specify) 28f. Location (Street and Number of Pt. City or Town, State)	
29a. Certifler  (Check anity	s stated.
1 N. 1 - 1 - 1	
11/4 MD DIS487 1/31/96	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	m, Day, Year)
MYO THANT 9101 PRANKLIN SQUARE DRIVE, BALTO, MD	m, Day, Year)
30. Name and address of person who completed cause of death (Hern 23a) (Type, Print)  NYO THANT 9101 PRANKLIN SQUARE DRIVE, BALTO, MD  State gistrar  31. Data filed (Month, Day, Xear) 96  12. Registrars Stgnature  Construction of the state	m, Day, Year)

Section 1981 to 1981 t water Association 20 To 1

	OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	IN EPA OFFICIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO		
3	1. DECEDENT'S NAME (First, Middle, Last	)			2. DATE OF DEATH		3. TIME OF DEATH
	DOROTHY E.	DORSEY			JAN, 3	0 199	
	4. SOCIAL SECURITY NUMBER	1/	rs. last birthday) #F1	MDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS SHIP.	7. DATE OF BIFTH (Month, Day, Year)	0.8	SIRTHPLACE (State or Foreign Country)
	220-03-3361	1 DM 2 ØF 7	6 YRS.				1ARI/LAND
Œ	9a. FACILITY NAME (If not institution, give		1	CITY, TOWN OR LOCATION OF E		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT	Knolls Care	Ceinter	BALTI	MORE		NIA
DIRECTOR	10a. STATE 10b. COUN	TY AC / A	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
	MARYLAND	NIA		BALTIM	ORE		1 YES 2 NO
RA	100. STREET AND NUMBER	Wal American		101. ZIP CODE	2 4 0	2.00	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	HOL AVEN		13. WAS DECENDENT OF HISPA	229	1	
	1 Never Married 2 Married	FORCES? 1 YES	2 \( \overline{N} \) NO	If yes, specify Guban, Mexic 1   YES 2   NO Specify	an, Puerto Rican, etc.)		RACE — Americen Indien, Black, White, etc.
94	3 Widowed 4 Divorced			TEST A NO Speci	ny.		BLACK
E	15. DECEDENT'S ED (Specify only highest grav		IN. DECEDENT'S USUA (Circle kind of work of	form during most of working	16b. KIND OF BUI	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (6-12)	Callege (1-4 or 5 +)	HA DO NOT USE PAR	EMAKER	0.00	al	16-11-
W 0	17. FATHER'S NAME (First, Mickel, Last)		TIOTIE	The state of the s	AME (First, Michille, Makken	Comment.	HOME
BE C	HENRY	WILSO	N	HATT	r/F	7	URNER
TO B	19s. INFORMANT'S NAME (Type/Print)	service transfer		RESS (Street and Number or Rural	Route Number, City or law	m, State, Zip Code	
F		GRANT	616 GL	ENOLDEN AVE	BALTIM	DRE M	0.21216
	20s METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Plea	movel from State 20b. PL	ACE AND DATE OF DIS		DATE 20c. LO	CATION - City	or Town, State
	4 ☐ Donation (Specify)  21. SIGHATURE OF FUNERAL SERVICE L	ICENSEE O	ZION	22. NAME AND ADDRESS OF FO	2-3-16 B	ALTIMO	ORE, MD.
	( h)	010	)			RAL HON	E.P.A.
_	1	4100		JOSEPH H. BRC 1913 W. BALTI	MORE ST.,	BALTIMO	RE, MD 21223
	23. PART I. Enter the diseases, or shock, or heart fallure	complications that caused the List only one cause on each	ne death. Do not e n line.	nter the mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximata Interval Betwe
	IMMEDIATE CAUSE (Final disease or condition	Rochinas	Larre	Tailare			Onset and Da
1	resulting in death)	B. DIE TO OR AS A CO	INSECULENCE OF	1 /		1.	7emil
z		Termin	ato	structive	. Smg	,// co	2//
3	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	INSEQUENCE OF):	o of I	30 atha	00	7 1
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c OUE TO (OR AS A CO	O I Y	3 Coup L	>0 priq	748	3 WK
EHITEICATION	that initiated events resulting in death) LAST	4	MSEOVENCE OF).	,	0		
5		0.					
MEDICAL	PART II. Other algnificant condition	na contributing to death but	not resulting in th	a underlying cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO
	ASS	40			1 🗌 YES 2	NO	OF DEATH?
	DID TOBACCO USE CON	TRIBLITE TO CALISE OF	NEATH VEC I	NO □ UNCERTAL			1 TES 2 -NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (C)		N L J		
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpetie		HER: Nursing Home 5 - Residence	8 Other (Specify)		
РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURE	D
2	1 Returni 5 Pending 2 Accident investigation			M 1 YES 2 NO			
9	3 Suicide a Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	tactory, office	28f. LOCATION (Street & City or Town, State)	and Number or Ru	ural Route Number,
	29e. CERTIFIER		-				
COMPL	(Check only	RCIAN: To the best of my knowledger: On the best of examination er					
	29b. SIGNATURE AND TITLE OF CERTIFIC		aron mwanganon, m				
2	Amatan 11	Hasem	M.D	29c. LICENSE NU	1502	▶ To	1211199
2 │	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	1 1 1	- 60	11: 91	15/1/1
	HMBTUN A	1 NATEM.	501I	oppnins	reet, Bay	timo	re 2/2/7
	FFB 0 2 1996	324REGISTRAR'S MENATU	RE II	V		-	. 44
	LEB 0 % 1330	THE TOTAL STREET	49	•			



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 025 10

						Certificat	e of	Death		Reg. I	No.			
			1. Decedent's Neme (First, Middle, La	ist)						e of Deeth		Organia de la composición dela composición de la composición dela composición de la	3. Time of D	Death
Į.	Physic		DESIT ALL DE	Tonn nort					Mo		Dey	Year	2.004	M
3	/Medi Examii		4e. Fecility Neme (If not institution, give	re street end number)	NING			4b. City, Tow	m, or Location of	nuary	4c. County	of Deeth	2:00A	Μ
7	LAGIIII	ICI									,	N/A		
H	Eugenel		7 Beechdale R 5. Sociel Security Number 6. S	oad 7. Ag	e (In yrs. lest bir	thday) If Under	1 Year	Balti Tonoer 2	more Ci	e of Birth				Foreign
П	Funeral Director			I□M 2ሺF		Yrs. Months	Deys		Min. (Mo	nm, Dey, Ye			lece (Stete or try)	roreign
			Usuei Residence of Decedent		94				Uct	. 3, 1	L901	Mar	yland	
	dand dang		10a. Stete 10b. County		10c. City, Tow	n or Location						10	0d. Inside City	Limits
	Man H	ŏ	Maryland N/A		Ra	ltimore	Cit	V					1√2 Yes 2	2 No
	the 28s	Director	10e. Street end Number			10f. Zip		. у		100	Citizen of V	What Coun	trv?	
	With the second	ō				10.1.2.				, og.	O NILLON OF V	That Cooli	y .	
	eath # 23	Funeral	7 Beechdale Ro	ad 12. Wes Decedent I	Europia II C	12 Was Desse		21210	la 2 (Casalta Va	o or Mr		USA e - America	no Indian	
	Per d	5	1 Never Merried 2 Merried	Armed Forces?		13. Wes Deced	cify Cub	oen, Mexican,	Puerto Rican,	etc.)		ck, White,		
20	72 hours after death with the Maryland natural, or Hems 23s or 28s-f show diest Examiner must be notified at	by F	3 Widowed 4 □ Divorcad	1 Yes 2 N If Yes, Give Yeer or Detes:	10	1□ Yes	2 No	Specify:			Specify	r:		
9	hou hou				10-	Dana dantis Have	10			1 400	10 1 1 1 1	Whi		
21215-0020	be filed within 72 hours after death with the Marylar tial Hygiene. d other than "natural", or frams 23s or 28s-f show event, the Madical Evantiver must be notified at	Completed	15. Decedent's E (Specify only highest gra	ade completed)	108.	Give kind of wor life. DO NOT us	rk done	during most o	of working	160.	. Kind of Bu	Jsiness/Inc	ustry	
12	filed within Hygiene. ther then "	E	Elementery/Secondery (0-12)	Coilege (1-4or 5	+)			•			D-			
2	Hygie Int.		8th 17. Fether's Neme (First, Middle, Last,	1		Homema	akin	San Mathed	's Neme (First,		vn Re	-	ce	
an		Be	Tr. Toulor a troine (r hat, imidulo, Last,									,		
Maryland	d 2 should by h and Mente 7 is marked traumatic even	T <sub>o</sub>	Thomas		Defor			Beul	ah Marg	erite	Smitl	1		
S	0 8 0 2		19e. Informent'e Neme/Reletionship (	,,		. Meiling Address							,	
	E = 2 -		Mrs. Beulah Margu	erite Down		Beechdal	e R	load, B	altimor	e, Mar	cyland	1 212	10	
9	ges 1 a it of Hea if Item or othe		20e. Method of Disposition 1 □ Burlei 2 □ Cremetion 3 □	Removel from State	cemete	f Disposition (Nen ry, cremetory or o	ther ple	909)	Dete	1	Location -	City or To	wn, State	
altimore,	Part:		4 ☐ Donetion 5 ☐ Other (Specif		St Th	omas Epi	sc.	Ch. Ce	metery	Ga:	rriso	n. Ma	ryland	
a	permit. Pages Department of H Important: If the any injury or of		21. Signeture of Funerei Service Licer	1600		22. Neme en	d Addr	ess of Facility					7.	
m	80558		Martin D. Law	con		Mitche	11-	Wiedef	eld Hom	ie				
	_		Martin D. Law 23a. Part 1. Entar the disease, or com shock, or heert fellure. List only	plicetions that caused	the deeth. Do	not enter the mod	ork	Road ing, such es b	Baltin ardiac or respir	elory arrest,	Maryla	and 2	Approximete	
	Physician		snock, or neert reliure. List only	one cause on eech lin	e.							i	Onset end De	een eeth
À.	/Medical		Immediate Cause (Final	()0,0	1/2 mx	× ()	12	( W)	6000	. 1	2	i	8	3
	Examiner		disease or condition resulting in deeth)	e. Cri	VOV	ascur	سلال	1 00	Ca	us		1	1000	
_		ē			Due to (or es e	consequence of):						i		
	nted Insit	盲		b. ————										
,	certificate be executed nding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying		Due to (or es e	consequence of):						i		
68760,	sicla burn		Ceuse (Disaese or injury thet initieted evants	C								- 1		
89	ding physise as the	Medical	resulting in death) Lest	· ·	Due to (or es e o	consequenca of):						i		
×	n certification	M		d								1_		
Bo	that the death ce hed by the attendi	Physician/										1		
0	the death y the atter	ysi	Pert ii. Other significant conditions of	ontributing to death bu	t not resulting in	the underlying c	ause gi	van in Pert I.	23	b. Did tobac	co use coi	ntribute to	the cause of	death?
<u>α</u>	that the detail									1 🗆 Yes	2 No	3 Prob	ably 4 U	nknown
Records,	8 50	t by							1144			041 144		
0	v requin	Completed							24	<ul> <li>Wes en eu performed</li> </ul>	itopsy ?	ava	re eutopsy fin- ilable prior to	
ec	8 0 CA	npidu											npietion of cau death?	194
H	5 0 0	5								1 🗆 Yes	2 No	1□	Yes 2□N	lo
Vital		Be (	25. Was case referred to medicai					26. Place o	of Deeth (Checi	k only one)				
of V	G to	To	examiner?	Hospitei: 1 ☐ Inpatie	nt 2 ER/Ou	tpatient 3 DO	A Ot	her: 4 Nurs	sing Home 5	Residence	8 DOth	er (Specify	()	
0	ig Ph ter thi		27. Manner of Deeth	28e. Dete of Injur (Month, Day		Time of 2	8c. inju Wo	ry et	28d. De	scribe how in	njury occuri	ed		
<u>o</u>	e fer Afr	atio	1 Neturel 5 Pending 2 Accident Investigation		roar)	njury M		Yas 2□No	0					
Division	Attendy or death!. by the fe	Hic	3 ☐ Sulcide 6 ☐ Could not be datarmined	289. Piece of Inju	ry - At home, fe	rm, street, fectory	, office					er or Rura	Route Number	er,
ē,	9 # E	Certification:	Tionnoida	building, etc	. (эрөспу)				City	or Town, St	9(9)			
	Hospita 24 hours Funeral stely fille		29a. Certifier 1 Certifying Ph	ysician: To the best o	f my knowledga	, death occurred	et tha ti	ma, data and	place, and dua	to the cause	(s) end ma	nnar es st	ated.	
	N 24 N Fu	edicai	(Check only 2 Medical Examone)	niner: On the basis of end menner ste	examinetion an	d/or investigetion,	in my o	opinion, deeth	occurred et the	e time, dete a	and piece,	and due to	the cause(s)	
	To the Hospitel of Attending I within 24 hours after death.  To the Funeral Director: After completely filled in by the funer	Ž	29b. Signeture end title of certifier	2	2	290	. Licens	se number		29d. I	Date signe	d (Month, L	Day, Year)	
			11 3 C	x (0).C	Lyon V	his T	11-	TOVO	7	1	-20	9.9	6	
		}	30. Name and address of person who	completed cause of de	eth (Item 22a)	Type Print)	110	-101		. /			9	
			was a superior with	- Inproved Guide Of Ge	(NOIII 200) (	. ypo, r mig								
	Sta	te	31. Deta-filed-(MANIODANOR)	M. Delicke	Hungois									
	Registr		FFR 0 5 1330											

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			04.011
	1. OECEOENT'S NAME (First, Middle, Lest)	Fp.	nwick			2. DATE MONTH	OF DEATH DAY	9 <sup>v</sup>	EAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 214 76 8736	1×M 2 □ F 26		UNDER 1 YEAR NTHS DAYS	IF UNGER 24 HRS, HOURS MIN.		OF BIRTH	69	sountry),	NCE (State or Foreign
	98. FACILITY NAME (IT not institution, give st UNIVERSITY RESIDENCE OF DECEDENT	Sfital	96	Bauto	Hd,	ATH		Bali		
DINECTOR	10e. STATE 10b. COUNTY		Bal	WN OR LOCATE	Nd					d. INSIDE CITY LIMITS? YES 2 NO
NEUAL	22 S. Greet	ne 5+		101.	ZIP CODE	)/		10g. CITIZEN	LSA	T COUNTRY?
10110	11. MARITAL STATUS  1 Never Married 2 Married  3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	2 NO If yes, specify Cuban, Mexicen, Puarto						American Indian, Thite, etc.
בבובה	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mos tired.)		16b.	KIND OF BUS		TRY		
COM	17. FATHER'S NAME (First, Middle, Last)	NWIK	w		18. MOTHER'S NA	ME (First, A		M(		
20 00	190, INFORMANT'S NAME (Type/Print)  FRANCE FEA (		19b. MAILING ADI	DRESS (Street ar	d Number or Rural	Route Numb	per, City or Town	State, Zip Co	2/8	?
	20. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	20b	PLACE AND DATE OF D	ISPOSITION (Nar	ZION	27 AT	20c. LOG	7	or Town,	
	21. SIGNATURE OF FUNERAL SERVICE UC	ensee	,	TRUIN	L'CARRI W. No	DA I	FUNE	RAL	HO Hd.	ME 21217
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications that caused List only one cause on a	f the deeth. Do not ach line.	enter the mod	e of dying, suc	h ea card	liec or reapir	atory errest	ł,	Approximate interval Between Onset and Death
	Sequentielly list conditions,	AIDS	CONSEQUENCE OF):							7 years
מושכוווע	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  I Mon 76  DUE TO (OR AS A CONSEQUENCE OF):  ON AS A CONSEQUENCE OF):  ON AS A CONSEQUENCE OF):									
JOHE OF	PERFORMED?								ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATHS	
N: WEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
I SICIAIN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	5 - Residence	6 🗆 Othe	r (Specify)			
ווווווווווווווווווווווווווווווווווווווו	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  Pending  28c. INJURY AT WORK?  1 1 VES 2 NO.						REO		
3	3 Suicide 6 Could not be 4 Homicide detarmined	3 Suicide 6 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
CIMILE	onel -	CIAN: To the best of my know								nd menner es stated.
ם ב	29b, SIGNATURE AND TITLE OF CERTIFIE	Tuby 1	40		29c. LICENSE NU	MBER			IGNED (M	onth Day, Year)
-	7701010	MB 2d.	S GAPPA	04	Bal	tin	orr i	Mo	216	001
	31. DATE FILED (Month, Day, Year) FFR 0 2 199	32. REGISTRAR'S SIGN	ATURE							

Page 6 may be retained by the all director, page 5 should be detainer must be notified at one	YSICIAN: The law requires that its certificate has been signed to the State Dept. of Health ed, or Item 23 shows any	THE HOSPITAL OR ATTENDING PHICHE FUNERAL DIRECTOR: After the filed within 72 hours after death wold within 18 feem 28 is mark-	<b>E</b> 8 9 9
100 Be-	t the death certificate be executy the attending physician and Mental Hygiene prior to bur injury, or other traumatic	YSICIAN: The law requires that the death certificate be executive that been signed by the attending physician and the State Dept. of Health and Mental Hyglene prior to bur ed, or item 23 shows any injury, or other traumatit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ed within 24 hours after death. completely filled in by the funeral. cremation, or removal.		YSICIAN: The law requires that is certificate has been signed to the State Dept. of Health a ed, or Nem 23 shows any	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha THE FUNERAL DIRECTOR: After this certificate has been signed the within 72 hours after death with the State Dept. or Health a PORTANT: If them 28 is marked, or item 23 shows any

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO					
1. OECEOENT'S NAME (First, MI	M.	GARDNE		2. DATE OF DEATH		8:00 pm			
4. SOCIAL SECURITY NUMBER  218-05-064  96. FACILITY NAME (If not institute)	3 1 (X) M 2 □ F	86 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year)  January 20,	1910 M	a. BIRTHPLACE (State or Foreign Country)  Maryland  NTY OF DEATN			
	h Medical Center		Towson, Mar		Baltimore				
	Baltimore	10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
100. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?			
10e. STREET AND NUMBER  1729 Hilyal  11. MARITAL STATUS  1	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 X NO	21234  WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 X NO Speci	an, Puarto Rican, etc.)	a or No- 14. F	ed States  ACE — American Indian, Black, White, atc.  Specify:  White			
	ENT'S EDUCATION ghest grade completed)	16a. DECEDENT'S USUAL (Give kind of work done	during most of working	16b. KIND OF BU	SINESS/INDUSTF				
15. DECEDI (Specify only his Elamentary/Secondary (0-12  17. FATNER'S NAME (First, Middle)	Collega (1-4 or 5+)	Trafic Signal		City	Governm	ent			
17. FATNER'S NAME (First, Middle			16. MOTNER'S N.	AME (First, Middle, Malden					
D 19a INFORMANT'S NAME (Sma	. Gardner	10h MAII INO ADDRE	LOT:	a L. Fiege	a State 7to Code				
Mrs. Margare	· ·		yard Road						
20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 4 Donation 5 Other (Se	3 GRamoval from State	20b. PLACE AND DATE OF DISPO cemetery, crematory or other place Gardens of Faith	SITION (Name of	DATE 20c. LO	CATION - City o	r Town, Steta			
	ERVICE LICENSEE Mark T.	Zavoyna 22	Leonard J. F 5305 Harford	Ruck, Inc.					
	DUE TO (OR A	S A CONSEQUENCE OF):	r the mode of dying, su	on as cardiac or reap	ratory arreat,	Approximata Interval Between Onset and Death			
PART II. Other significent CEREBREVA CORONARY	PERFOI	RMED?	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DOO						
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
1 YES 2 W	HÖSPITAL: 1 [//hpatlant 2   ER/t	6 Other (Specify)							
	26a. DATE OF INJU (Month, Day, Yel	RY 26b. TIME OF INJURY	26c. INJURY AT WORK?	26d. DESCRIBE NOW	NOW INJURY OCCURED				
2 Sulpido	2 Accident Investigation 26. PLACE OF INJURY — At home, tarm, street, factory, office 26. LOCATION (Street and Number or Rural Roc City or Four State).								
e opoi	ING PNYSICIAN: To the best of my k					use(a) and manner as stated.			
296. SIGNATURE AND TITLE OF	Kun	(Carlo	29c. LICENSE NU D3726		29d. DATE SIGNED (Monty), Day, Year)				
	ERSON WHO COMPLETED CAUSE OF MD ST JOSEPH N		ER 7620 YORK	ROAD, TOWS	ON, MARY	LAND 21204			
31. DATE FILED (Month, Day, Yea					7-18				



TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL INFECTION TO use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. BATE FILED (MONTH), DON, WORL)
FEB 0 2 1996

disease or condition resulting in death)  s. Myocarardial Infaction  Due to (or as a consequence of):  Coronary Artery Disease  Oue to (or as a consequence of):  If any, leading to immediate out the conditions, if any, leading to immediate out to (or as a consequence of):									
4. SOCIAL SECURITY NUMBER  1. S. SEX  1. S. AGE (in yrs. last) brindley)  1. M 2 SE F 86 YRS.  1. MONTH DAYS HOUSE X HRS.  1. MONTH DAYS HAVE (if not institution, give steered and number)  1. MERIDENCE OF DECEDENT  1. MOSTATE  1. MOST OF BRITTH  1. MOST OF BRITTH	EATH								
185-10-3649   1	A								
Se. FACILITY NAME (if not institution, give street and number)  Se. CITY, TOWN OR LOCATION OF DEATH  MARYLAND  Seattle Tob. COUNTY  Seattle	r Foreign								
100. STREET AND NUMBER  1100 BOLTON HOUSE, APT. #812  12. WAS DECEDENT EVER IN U.S. ARMED PROCESS? 1   VES 2   NO   11   Never Married 2   Married   12. WAS DECEDENT EVER IN U.S. ARMED PROCESS? 1   VES 2   NO   12   Never Married 2   Married   12. WAS DECEDENT EVER IN U.S. ARMED PROCESS? 1   VES 2   NO   13. DECEDENT'S EDUCATION (Specify only highest grade completed)   F YES, GIVE WAR OR DATES   No   15. DECEDENT'S EDUCATION (Specify) (Pol2)   College (1-4 or 5 +)   16. MOTHER'S NAME (First, Middle, Last)   UNKNOWN   16. MOTHER'S NAME (First, Middle, Last)   UNKNOWN   16. MOTHER'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Malclen Surreme)   17. FATHER'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Malclen Surreme)   18. MOTHER'S NAME (First, Middle, Last)   16. MOTHER'S NAME (First, Middle, Malclen Surreme)   19. MAILING ADDRESS (Street and Number or Rural Fourth Number, City or Town, State, Zip Code)   19. MAILING ADDRESS (Street and Number or Rural Fourth Number, City or Town, State, Zip Code)   19. MAILING ADDRESS (Street and Number or Rural Fourth Number, City or Town, State, Zip Code)   10. DORI USE OF DISPOSITION (Name of cometer), Cremetory or other pictos   METRO CREMATORY   1-30-96   BALTIMORE, MARYL 21. SIGNATURE OF FURNAL SERVED, ICENSEE   20. METRO CREMATORY   1-30-96   BALTIMORE, MARYL 22. MATT. Lettly the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, lettly only one cause on each line.   Myccarardial Infaction   2    22. MATT. Lettly the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, linearly one cause or each line.   Myccarardial Infaction   2    23. MATT. Lettly the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, lonearly one cause on each line.   Myccarardial Infaction   2    24. Mart. Lettly the diseases, or complications that caused the									
10 STREET AND NUMBER  1100 BOLTON HOUSE, APT. #812  11. WAS DECEDENT EVEN IN U.S. ARMED PROCEST ? 1   VES 2   X NO Specify (Specify (Specify) (S									
10e. STREET AND NUMBER  1100 BOLTON HOUSE, APT. #812  11. WAS DECEDENT EVER 1 U.S. ARMED FORCES? 1   VES 2   SIND   11. MARITAL STATUS 1   Never Merried 2   Merried 3   Wildowed 4   Divorced   FORCES? 1   VES 2   SIND   15. DECEDENT'S EDUCATION (Specify Vive or No- UF YES, GIVE WAR OR DATES 3   Wildowed 4   Divorced   FVES, GIVE WAR OR DATES   15. DECEDENT'S EDUCATION (Specify Vive) WAR OR DATES   Specify   Specify Vive) WAR OR DATES   16. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.)  17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  19. MOTHER'S NAME (First, Middle, Last) 19. MATTAL STATUS 19. MATTAL STATUS 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 19. MOTHER'S NAME (First, Middle, Mailden Surrerne) 19. MOTHER'S NAME (First	YTE								
Specify: Specify: BLACK   Specify: BLACK   Specify: BLACK									
11. MARITAL STATUS 1   Never Married   2   Merried   12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1   YES 2   NO   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No   14. RACE — American Bleck, White, etc. Specify. 1   YES 2   NO   1   YES 2   NO   Specify.    1   YES 2   YES 2   YES 2   YES 2   YES 2   YES 2   YES 3									
Specify:	ndlan,								
15. DECEDENT'S EDUCATION   Specify only highest grade completed)   16. DECEDENT'S USUAL OCCUPATION   18. KIND OF BUSINESS/INDUSTRY   18. KUND OF BUSINESS/IN									
Competence of the properties									
UNKNOWN  19a. INFORMANT'S NAME (Type/Print)  L1OYD SCOTT SR.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  L1OYD SCOTT SR.  5 FLAXTON COURT, BALTIMORE, MARYLAND 21244  20a. METHOD OF DISPOSITION 1 Burlet 2 1/2 Cremetion 3 Removal from State 4 Donestion 6 Other (Specify)  METRO CREMATORY  21. SIGN Under of Function of Code									
UNKNOWN  198. INFORMANT'S NAME (Type/Print)  L1OYD SCOTT SR.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  L1OYD SCOTT SR.  5 FLAXTON COURT, BALTIMORE, MARYLAND 21244  20e. METHOD OF DISPOSITION 1 Burlet 2 12 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)  METRO CREMATORY  21. SIGN Under or Funitable diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory street, interview of the picts of									
UNKNOWN  19a. INFORMANT'S NAME (Type/Print)  L1OYD SCOTT SR.  20b. METHOD OF DISPOSITION 1 Burlel 2 © Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)  21. SIGNATURE OF PUNETAL THAT I CENSEE  22. NAME AND ADDRESS OF FACILITY 23. NAME I Entire the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, interviously one course on each line.  23. NAME I Entire the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, interviously one course on each line.  25. NAME I Entire the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, interviously one course on each line.  26. LOCATION — City or Town, State DATE (Oct.) — Coremetery, cremetery or other places) — METRO CREMATORY — 1—30—96 BALTIMORE, MARYLE DATE (Oct.) — Coremetery, cremetery or other places) — Coremetery, cremetery or Town, State Date (Oct.) — Coremetery, cremetery or Town, Coremetery or Town, Coremetery or Town, Coremetery or Town, Coremetery or Town,									
19a. INFORMANT'S NAME (Type/Print)  L1OYD SCOTT SR.  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  L1OYD SCOTT SR.  5 FLAXTON COURT, BALTIMORE, MARYLAND 21244  20c. METHOD OF DISPOSITION 1 Burlet 2 12 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)  METRO CREMATORY  21. SIGN United Prints of Pr									
L10YD SCOTT SR.  5 FLAXTON COURT, BALTIMORE, MARYLAND 21244  20a. METHOD OF DISPOSITION 1 Burlet 2 Greenetton 3 Removal from State 4 Donetton 6 Other (Specify)  METRO CREMATORY  1 30-96 BALTIMORE, MARYL 21. SIGNATURE OF DISPOSITION (Name of cemetery, cremetory or other place) METRO CREMATORY  1 30-96 BALTIMORE, MARYL 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.  23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, interval disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
20s. METHOD OF DISPOSITION    Burlet   2 1\tilde{\text{Cremetton 3   Removal from State}}   20s. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place)   METRO CREMATORY   1-30-96   BALTIMORE, MARYL    21. SIGN (Directly)   Si									
Commetery, cremetory or other places   Specify   Toporation   Topora	_								
21. SIGN (Different Pullipher Pullip	A NTD								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, interviously, or heart fellurs. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Myccarardial Infaction  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate out the protection of the condition of the conditions of the condition	AND								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate and the property of the property o	2122								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s. Myocarardial Infaction  Due to (or as a consequence of):  Coronary Artery Disease  Sequentially list conditions, if any, leading to immediate of the property of the prope									
resulting in death)  s. Myocarardial Infaction  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate the property line of the property li	end Des								
Sequentially list conditions, if any, leading to immediate Cause Enter UNDERLYING	Days								
if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
If any, leading to immediata	rs								
I Cause, Enter UNDERLYING									
CAUSE (Disease or Injury C. Hypertention real									
that initiated events  DUE TO (OR*AS A CONSEQUENCE OF): resulting in death) LAST									
d									
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY  AWALABLE PR  AWALABLE PR									
Adenocarcinona of Rectum, Squamous cell Carcinoma of Vagina PERFORMED?									
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
EXAMINER?  1 YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO NO N									
Aderiocarcinona of Recturi, Squamous cell Carcinolia of Vasina  Completion of Death?  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  HOSPITAL:  1 YES 2 NO  27. MANNER OF DEATH  A Nursing Home 5 Residence 6 Other (Specify)  28. INJURY AT WORK?  WORK?									
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
3 Suicide 26e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street end Number or Rural Route Number,									
4 Homicide determined building, etc. (Specify)									
29e. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner									
one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner	_								
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, 1)	se stated.								
1/28/96 INS MEDICO M.D.									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
Dr. 1:ic theileo C/O Maryland General Hospital 827 Linden Avenue									
FFB 0 2 1996 Studier Redell									

96-441-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. B.K.S ITEMS: 23 PART I. 27, 28a fate of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** T AONT 30°, 1996 SHARON HAMLETT 1105 AM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3116 TIOGA PARKWAY BALTIMORE Hours Min. 8. Date of Birth (Month, Day, Year) MAY 15, 1956 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthpiace (State or Foreign **Funeral** 1□M 2☑F MARYLAND 217 64 6054 Yrs Director 39 Usuai Residence of Decedent the Manyland 10a State 10b. Count 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Experience must be notified at TYP Yes 2 No Director N/A MD. BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3116 TIOGA PARKWAY 21215 U.S. OF Α. death Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American indien, Biack, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) pernit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or itel any Injury or other traumatic event, the Medical Exempted. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 TNo Specify: Specify: BLACK ģ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12TH NONE YEARS UNEMPLOYED 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Sumame) Be WILLIAM **EDWARDS** SHIRLEY IRVING 0 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State AZI TIMORE, 19a. Informant's Name/Relationship (Type, Print) 5906 PARK HEIGHTS AVE. APT. 406 MD. 21215 MRS. SHIRLEY AKERS 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State BALTO 20a. Method of Disposition 2/5/96 Dete 1 Buriai 2 Cremetion 3 Removal from Stete GARRISON FOREST VET. CEM. 4 ☐ Donation 5 ☐ Other (Specify) OWINGS MILLS, MD. CO 21. Signature of Funerel Service Licentus LENIS 22. Name and Address of Fecility T. GWYNN LEWIS T. GWYNN FIUNERAL HOME 21215-6393 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, socress cardiac of respiratory afrest, BALTO. MD Approximate shock, or heart failure. List only one gause on each line. Interval Between Onset and Death Physician /Medical Immediate Cause (Final NARCOTIC AND COCAINE INTOXICATION disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner bunial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last end Due to (or es e consequence of): physician 8 Physician/Medical the Due to (or as a consequence of) ding Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings evailable prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed peed hes page 2 certificate 2 🗆 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 \$\overline{\text{M}}\text{ Residence} 6 Other (Specify) Hospital: 1 | Inpatient | 2 | ER/Outpetient | 3 | DOA P 1X Yes 2 No 27. Manner of Death 28a. Date of injury (Month, Day Year) 28b. Time of FOUNGry 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: 5 Pending investigation 1 Natural UNKNOWN 1 ☐ Yes 2XXNo 2 Accident FOUND: 1/30/96 11:05 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Straet and Number of Rural Route Number City or Town, State) 3116 1106A PARKWAY 4 | Homicide FOUND AT HOME BALTIMORE, MARYLAND 29a. Certifier Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.

Box 68760 P.0. Records. Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this carifica To the Hospius.

within 24 hours after de
To the Funeral Direct

> State Registrar

29b. Signature and title of conflic

Fowler 31. Date filed (Month, Day, Year) FEB 0 2 1996 32. Hogistran Signatus

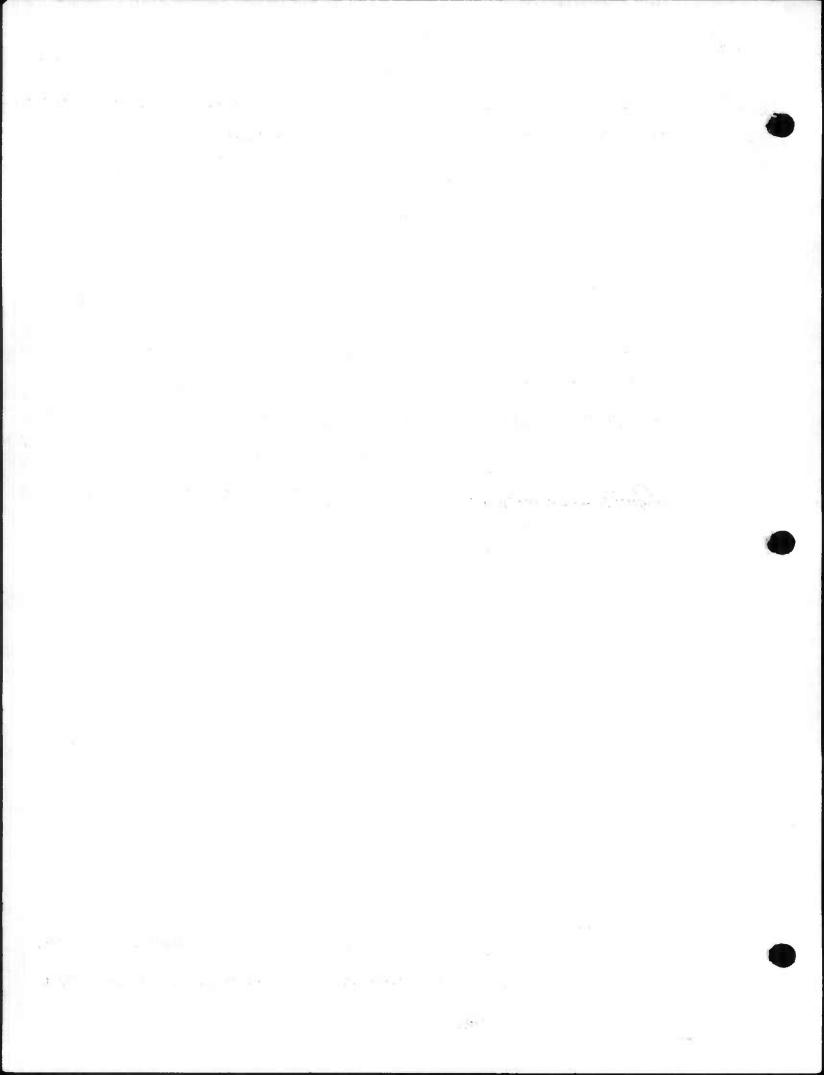
**DHMH 16 Bay 6/95** 

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and the time, date and place, and due to the cause(s) and manner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

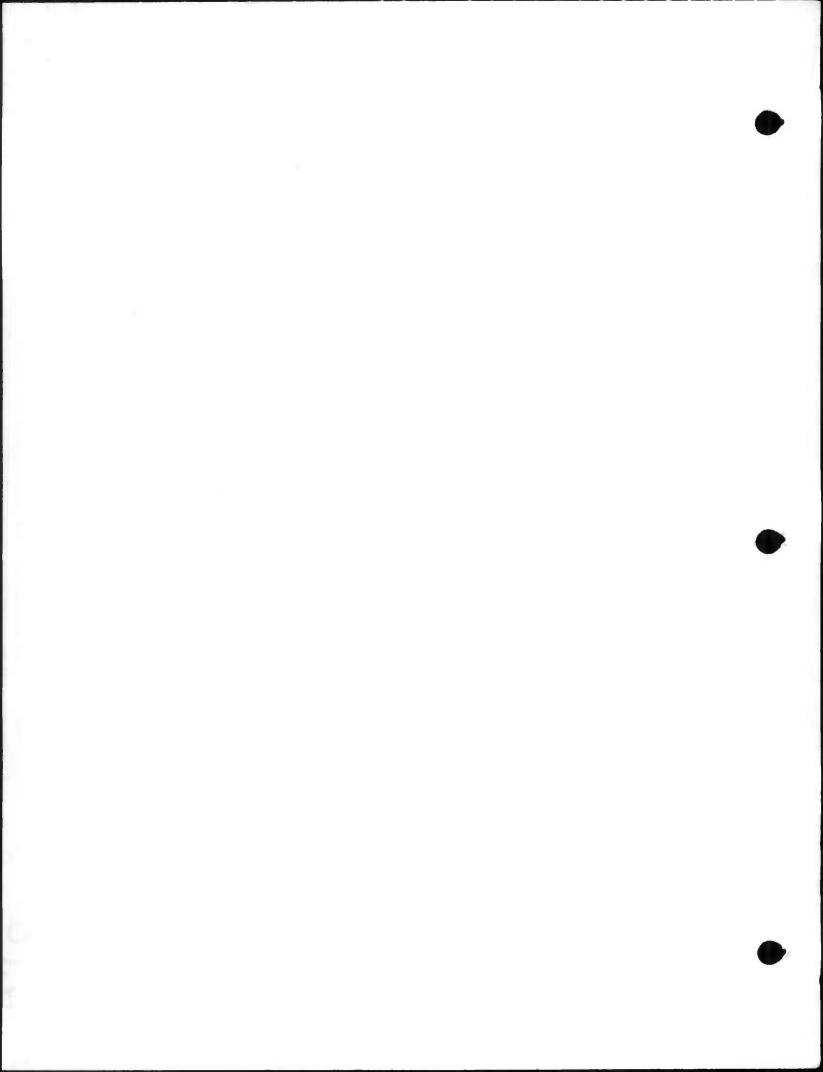
JANUARY 31, 1996



31. FEB 072 1996

BALTIMORE, MARYLAND 21215-002	thin 24 hours after death. Page 6 may be retained by the hospital or attending pi	itely filled in by the funeral director, page 5 should be detached for use as the b mation, or removal.	it, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPIPL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the hospital or attending phy	TORSE ELIMENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

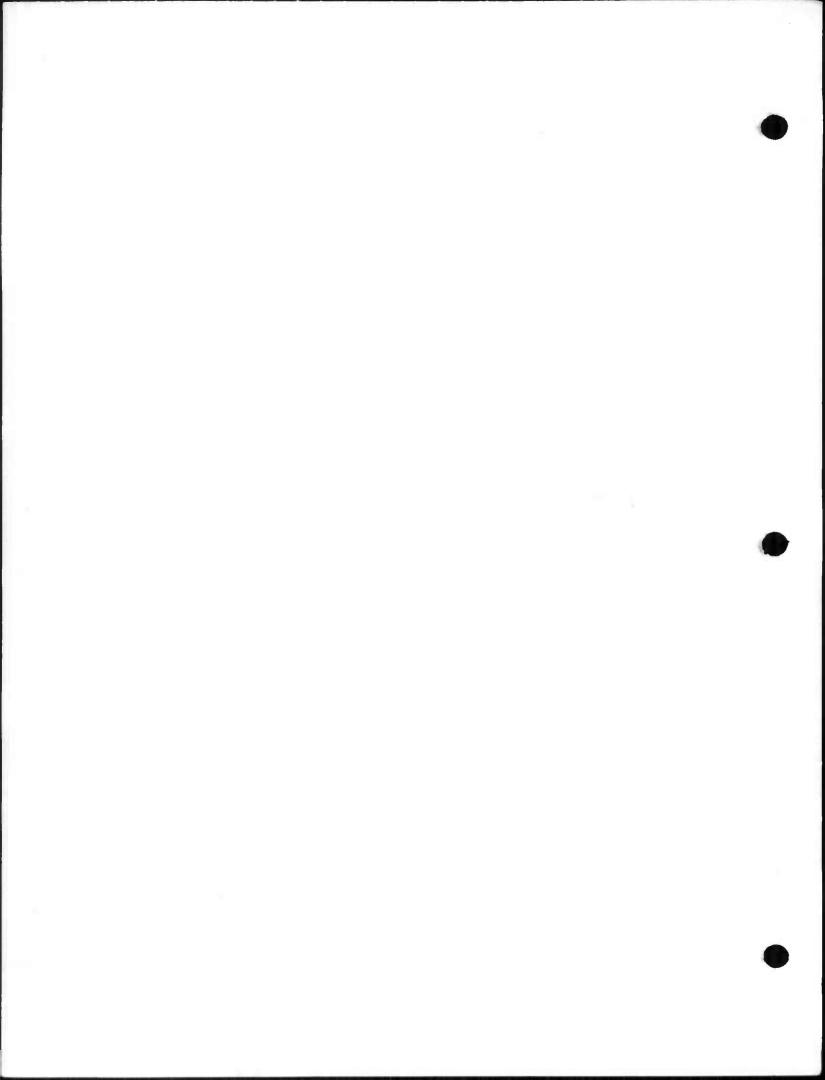
STATE OF MARYHAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF DEATH REAL NO.    CONTROL SECURITY MARKET   No. MARKET   STR.		Iteml, 10g, Film732, 2	2/2/96 1+						9	6	02515	)
DECOUNTY MARKET S.		FOR		MARYLAN	D / DEPAR	RTMENT OF	HEALTH AND	MENTAL	HYGIENE			
THE A COUNTY MARKET  2 18-14-2934  15 W 1					CERTIF	ICATE C	F DEATH	-			3. TIME OF DEATH	_
THE COURSE SCALE SCALITY NAMED IN A SECOND STATE OF THE COURSE OF THE CO		LEON H	ARRIS , SR						. DAY	YEAR 1991	0145	Ам
THE STATE AND EVALUATION OF DEPOSITION SET OF DECORATION SET OF DE		4. SOCIAL SECURITY NUMBER	5. SEX						BIRTH	8. BIRTH	IPLACE (State or Fore	sign
METCY Stella Maris  Baltimore  N/A  Be. CITY. TOWN OR LOCATION  LY JURIS 2000  W. JP COOK  W. JP COOK  LY JURIS 2000  W. JP COOK				72	YRS.			Jul	y 25, 192	3	Md	
B TO Widnesd 4 (a) Discrete (b)	TOR	Mercy Stella M	faris					DEATH	9c. CO			
B TO Widnesd 4 (a) Discrete (b)	DIREC	10a. STATE 10b. COUNT	Y				CATION				10d. INSIDE CITY V LIMITS? 1 YES 2 N	10
B TO Widnesd 4 (a) Discrete (b)	VERAL	2424 Arunah Avenue										
Margaret Ungs  10. BMALBNO ADDRESS (Some and Mythor's Raw Pool, Propage Corp. of the State Cook)  10. Margaret Scott  10. Marg	BY	11. MARITAL STATUS  1 Never Married 2 Married  1 Nover Married 2 Married  3 Widowed 4 Divorced  12. WAS OCCEDENT EYER IN U.S. ARMET FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES W W I				If yes,	specify Cuban, Mexic	an, Puerto Rice	Specify Yes or No— en, etc.)	Black	k, White, etc.	
Margaret Ungs  10. BMALBNO ADDRESS (Some and Mythor's Raw Pool, Propage Corp. of the State Cook)  10. Margaret Scott  10. Marg	PLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 4		(Give kind of life. Do NOT us	work done during se retired.)	NTION most of working	16b. KI				
Margaret Ungs  10. BMALBNO ADDRESS (Some and Mythor's Raw Pool, Propage Corp. of the State Cook)  10. Margaret Scott  10. Marg	OM		, , .				16. MOTHER'S NA	AME (First, Mide	dle, Maiden Surname)	)		_
The Marked Address of Processor Marked Agents Country States (1990-1991)    Margaret Scott			S				Marga	ret Di	ggs			
Description	9				3115	Leight	on Avenue	Balt	City or Town, State of 1 MOre, M	Code)	21215	
23. PART I. Enter the diseases, or complications that seused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shots, or heart feditors. List only one ceuse on each line.    IMMEDIATE CAJES [Fine]		1 Donation 5 Other (Specify)				Forest	Vet	2596				
Approximate an about the desease, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat, hobby, or heart feliure. List only one cause on each line.  INMEDIATE CAIPSE (Finel desease or condition resulting in death). Last only one cause on each line.  DUE TO (OR AS A CONSCOURCE OF):  DUE TO (OR AS A CONSCOUR		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	)home	Psm J	22. NAME	AND ADDRESS OF FA		ue Balt	Ma	d 21215	
PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  25 WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  1   YES 2   NO  27 MANNER OF OEATH  1   Ingestent 2   ER/Outpetient 3   DOA   4   Nursing Homes 5   Residence 6   Other (Specify)   HOSPICE   AT MER  26. LATER OF CHAINERY  1   YES 2   NO  27 MANNER OF OEATH  1   Netural 5   Pending Investigation   26a. DATE OF INJURY AT WORK?  2   Accident 3   Suicide 8   Could not be determined   Duilding, etc. (Specify)   Sec. (Speci		IMMEDIATE CAUSE (Finel disease or condition	a.	se on each	take	Pros				rreat,	Interval Bet Onset and I	tween Daath
PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PRIDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  25 WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  1   YES 2   NO  27 MANNER OF OEATH  1   Ingestent 2   ER/Outpetient 3   DOA   4   Nursing Homes 5   Residence 6   Other (Specify)   HOSPICE   AT MER  26. LATER OF CHAINERY  1   YES 2   NO  27 MANNER OF OEATH  1   Netural 5   Pending Investigation   26a. DATE OF INJURY AT WORK?  2   Accident 3   Suicide 8   Could not be determined   Duilding, etc. (Specify)   Sec. (Speci	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN    25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO OTHER:  4 Normaling Home 5 Residence 6 Other (Specify) HOSPICE AT MER  27. MANNER OF OEATH  1 Natural 5 Pending Investigation   2 Actidem Investigation   3 Suicide 8 Could not be determined   4 Homicide determined   28e. PLACE OF INJURY — Al home, farm, street, factory, offlice   28e. CERTIFIER OTHER OF Town, Stere)   28e. CERTIFIER OTHER OF Town, Stere)   28e. CERTIFIER OTHER OF Town, Stere)   29e. SIGNATURE AND TITLE OF CERTIFIER   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. SUICENSE NUMBER   32. LICENSE NUMBER   34. DATE SIGNED (Month, Day, Year)   35. LICENSE NUMBER   36. DATE SIGNED (Month, Day, Year)   37. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   38. DATE OF DEATH (ITEM 27) (Type, Print)   39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   38. DATE OF DEATH (ITEM 27) (Type, Print	ᄗ	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?							AVAILABLE PRIOR TO	0		
2   Accident investigation   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, Sterie)   29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE SOF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   38 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	AN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
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2 Accident 3 Suicide 4 Homicide 5 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide City or Town, Stere)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated, orie) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  ACCIDING TOWN, Stere)  281. LOCATION (Street and Number or Rural Route Number, City or Town, Stere)  29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  ACCIDING TOWN, Stere)  29d. DATE SIGNED (Month, Day, Year)		1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6    27. MANNER OF OEATH   28e. DATE OF INJURY (Month, Day, Year)   28b. TIME OF   28c. INJURY AT WORK?   1   Neturel   5   Pending   1   Vec   2   No.   N						_			AT M	1ER
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D40480  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  FERMANDO  J. FERRO, MID  SALTO  MID  2296. LICENSE NUMBER  D40480  2296. DATE SIGNED (Month, Day, Year)  SALTO  MID  2206. DATE SIGNED (Month, Day, Year)  D40480  AD  2206. DATE SIGNED (Month, Day, Year)  D40480  AD  2206. DATE SIGNED (Month, Day, Year)		2 Accident Investigation 1 YES 2 NO  28e. PLACE OF INJURY — At home, farm, street, factory, office building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, building set. (Specify) 28f. LOCATION (Street and Number or Rural Route N										
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 58/0 BECALLE RD FERNANDO J. FERRO, MID SALTO MID 21206	띪						29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
	은	30. NAME AND ADDRESS OF PERSON WI			(ITEM 27) (Type	, Print)	5810 B	ECALA	2 PA			
		31. FEB° (1012 1996	132. AEGISTRA	R'S SICHATHI	RE L		- 20		24-0			



		Item#16.b.G-f Item#1.G-film FOR 1-STATE	ilm 732 pe	r fh.	2/23/96 /96B	P.c		90	02310
		FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEP CERT	PARTMENT OF	HEALTH AND	MENTAL HYGIEN		
	8	1. DECEDENT'S NAME (First, Middle, Last)	Allier 1	Haus		DEATH	2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthd	lay) IF UNDER 1 YEAR		JANUARY 7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
Pis		214-01-8030		86 YR			April 16.	1909 Ma	ryland
, 3 should	ا ا	90. FACILITY NAME (II not institution, give Good Samaritan Nu		7		timore	DEATH	9c. COUNTY (	OF DEATH
es 1. 2,	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			CITY, TOWN OR LOC			I N/A	10d, INSIDE CITY
if. Pag	1	Maryland	N/A			imore			LIMITS?
sit perm	RAL	3839 Monterey Ro	ad			O 1 O 1 G		177	OF WHAT COUNTRY?
physician. burial-transit permit. Pages 1.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			ANIC ORIGIN? (Specify Ye	U.S.A	ACE - American Indian
	BY	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	If yes, i	specify Cuban, Maxies 2 X NO Spec	can, Puerto Rican, etc.) city:	3	Black, Whita, atc.  Specify: White
or attending	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION a completed)	(Give kind	T'S USUAL OCCUPAT of work done during in	TION nost of working		JSINESS/INDUSTR	ry
2 m	APLE	8th grade	College (1-4 or 5+)	11100	eeper		Attorno	lice	
8 8 B		17. FATHER'S NAME (First, Middle, Last) Harry Jackson					NAME (First, Middle, Maider	Surname)	
5 should be notified at	BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	JNG ADDRESS (Street	Alice .	SWANN of Route Number, City or Tox	vn. State. Zin Code	
- 8 a	10	Everett M. Haus		3839	Montere	y Road.	Baltimore.		
6 may ector. pa		20s. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State 20	motory cremetony	TEOF DISPOSITION		1	OCATION - City of	
death. Page 6 m funeral director.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	outuens	22. NAME	AND ADDRESS OF I	<u>/30/96 Bal</u> FACILITY Uneral Home		Marykand
0 = 0		Allen			333	Brehms	Lane. Balt	timore.	Maryland 212
Yours after d in by the or removal			List only one cause on	ed the deeth, D	o not enter the m	ode of dying, su	ich ss cardiec or resp	iratory srrest,	Approximats Interval Batwee
within 2+ no apletely filled cremation, or		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Baute	nal.	Sepsis				Onset and Daa
al al		_	DUE TO (OR AS	A CONSEQUENCE	E OF):	'au a	livenne		300
e be execut sician and c rior to buri traumatic	CATION	Sequentisity list conditions, if any, leeding to immediate	OUE TO (OR AS	A COMSEQUENCE	LOF: A	10	lisease brillatio	•	/3 m
phy phy		cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. Chyon	A CONSEQUENCE	the second secon	al fr	bri latto	n	15 yn
· PET	ERTIFI	resulting in death) LAST	d						
4 0 5	AL C	PART II. Other aignificant condition	ns contributing to death	but not resultir	ng in the underlyi	ng ceuse given i	n Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDING
that the that	EDICA						PERFO	PMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
> 0	2						_	′	1 YES 2 NO
N: The law ficate has b State Dept.	ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.1 QTMER:	PLACE OF DEATH (C	Check only one)		
SICIAN: The certificate the State	HYS	1 TYES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28s. DATE OF INJURY		Nursing Ho	me 5 Residence	6 Other (Specify)  28d. DEŞCRIBE HOW	IN IHEN OCCUPE	
DING PHYS After this death with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	ORK? YES 2 NO	ass. Segonal How	NOON COCONE	
TTENDI CTOR: A after de	E	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ten	m, street, factory, off	Ica	281. LOCATION (Street City or Town, State)	and Number or Ru )	rel Route Number,
PITAL DR A ERAL DIREC In 72 hours T. It item	MPLET		ICIAN: To the best of my know						
TANKE BE	8	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	on end/or investig	ation, in my opinion,				
DESE	TO BE	1/	111	110		29c, LICENSE NU		29d. DATE SION	JAW 31, 96
		30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	Blad	ype, Print) Bay	Himon	e ma	2/2	39

FEB 0 2 1996

July Davidson Reveal



## Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. 25 1 7 State of Maryland / Department of Health and Mental Hygiene

Anic Origin? (Sp. Mexican, Puerlo Specify:  On most of work  3. Mother's Neme	8. Dete of Birth (Month, Day, December)  10  ecify Yes or No-Rican, etc.)	ANNEAR  Year 26, 191  Og. Citizen of What  U.S.A.  14. Rece - Biack, V  Specify: W  16b. Kind of Busine	Death RUNDEL CO. Birthplace (State or Foreign 2 MARYLAND)  10d. inside City Limits 1 Yes 2 No. It Country?  American indian, White, etc.							
Anic Origin? (Sp. Mexican, Puerlo Specify:  On most of work  3. Mother's Neme	January ocation of Death Park  8. Dete of Birth (Month, Day, December  10 ecify Yes or No- Rican, etc.)	4c. County of E ANNEAR  Year) 9. 2 r 26, 191  Og. Citizen of Wha U.S.A.  14. Rece- Biack, V Specify: W	Death RUNDEL CO. Birthplace (State or Foreign 2 MARYLAND)  10d. inside City Limits 1 Yes 2 No. It Country?  American indian, White, etc.							
Anic Origin? (Sp. Mexican, Puerlo Specify:  On most of work  3. Mother's Neme	Park  8. Dete of Birth (Month, Day, December)  10. December 11. Decemb	ANNEAR  Year)  9. 21 26,191  Og. Citizen of What  U.S.A.  14. Rece- Black, V.  Specify: V.  16b. Kind of Busine	Birthplace (State or Foreign 2 MARYLAND  10d. inside City Limits 1 Yes 2 No.  It Country?							
anic Origin? (Sp Mexican, Puerto Specify: on ing most of work	8. Dete of Birth (Month, Day, December)  10  ecify Yes or No-Rican, etc.)	Og. Citizen of Wha  U.S.A.  14. Rece - Biack, V  Specify: W	Birthplace (State or Foreign MARYLAND  10d. inside City Limits 1  Yes  Note to Country?  American indian, White, etc.							
anic Origin? (Sp Mexican, Puerto Specify: on ing most of work	ecify Yes or No- Rican, etc.)	Og. Citizen of Wha U.S.A.  14. Rece - Black, V Specify: W	10d. inside City Limits 1 □ Yes 🏖 No It Country?  American indian, White, etc.							
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ing most of work	ing									
3. Mother's Nem		,								
	e (First, Middle, M	Tailor								
	Neme (First, Middle, Meiden Surneme)									
	a Fick	,								
Number or Run Pasaden	Route Number, City or Town, State, Zlp Code)									
Date 20c. Location - City or Town, State 20c.										
of Fecility			, prid •							
	eral Hon									
such as cardiac	salto., Mo or respiretory arre	1. Z1Z34 est,	Approximete							
			Interval Between Onset and Deeth							
-dad			3 Weelly							
		Λ Λ								
b. the dum - c Aherosulustic Continue half dis en- pue to (or as e consequenca of):  Due to (or es e consequence of):  Due to (or es e consequence of):										
			1							
in Pert i.			buts to the cause of death							
	1 🗆 Ye	98 2□No 3[	Probably 4 Onknow							
	24e. Was an perform		Were autopsy findings available prior to completion of cause of death?							
	1 ☐ Ye	8 2 ANO	1 ☐ Yes 2 ☐ No							
20 Pleas of Pasth										
6. Place of Deat	me 5 Reside	nce 6 Other (S	Specify)							
-	28d. Describe how injury occurred									
4₽ Nursing Ho	0011									
4 Nursing Ho	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)									
4 Nursing Ho	City or Town	use(s) and manne ite and place, and	r as steted. due to the cause(s)							
4 € Nursing Ho	and due to the ce		fonth, Dey, Year)							
date and place, on, deeth occurr	and due to the ce red at the time, da	d. Date signed /M	9 61							
date and place, on, deeth occurr	and due to the ce red at the time, da	d. Date signed (M								
date and place, on, deeth occurr	and due to the ce red at the time, da	1 9	1116							
date and place, on, deeth occurr	and due to the ce red at the time, da	od. Date signed (M	0 21127							
2	t s 2 🗆 No	t 28d. Describe ho s 2 \( \triangle \text{No} \)  28f. Location (Sti. City or Town)  date and place, and due to the ce	s 2 □ No  28f. Location (Street and Number o							

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	sian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760	tificate	. DIRECTOR: After this certificate has been signed by the attending physician and completely fille

Dama

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	R	EG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  Crystal  Crystal	Wave Ho	well		2. DATE OF I	as 1	996	S:3S PM				
	212 ↔ 90 <b>~</b> 6979 1 □ M 2 K/F 27	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		22,1968	Mary.					
_	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEAT											
P P	Johns Hopkins Bayview Medical Ctr. Baltimore City N/A											
<u> </u>	RESIDENCE OF DECEDENT         10e. STATE         10b. COUNTY         10c. CITY, TOWN OR LOCATION         10d. INSIDE											
DIRECTOR	Maryland Baltimore		1.		ndalk	Looker	TIZEN OF WHA	LIMITS?  YES 2 X NO				
FUNERAL	1622 Lynch Road			of, ZIP CODE 21 2	22	314		States				
BY FU	11. MARITAL STATUS  1	NO	If yes, s	cendent of HISPAN pecify Cuban, Mexica S 2 X NO Specify	n, Puerto Rica		14. RACE — Black, V Specify:	American Indian, White, etc.  White				
	15. DECEDENT'S EDUCATION 18	a. DECEDENT'S US			16b, KJN	ID OF BUSINESS/IN	DUSTRY					
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  G B D College (1-4 or 5+)	(Give kind of wor ille. Do NOT use i	ndant	tost of worlding		N/A						
8	17. FATHER'S NAME (First, Middle, Last)	<i>v</i> c <sub>p</sub> c	ruurre	18. MOTHER'S NA	ME (First, Midd	(e, Maiden Sumame)						
	Carroll Douglas Howell			Section 12 Property		therine 1	Panla					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street	and Number or Rural i								
임	Mrs. Mary C. Rodgers			Road Dun		,		22				
		ACE AND DATE OF		_	DATE	20c. LOCATION -						
	1 A Burlet 2 Cremation 3 Removal from State Carrelet 4 Donation 5 Other (Specify)		emeter	y 1/29/1	996	Baltimo	re, M	aryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Duda	Ruck Fun	eral t							
	23. PART I. Enter the diseases, or complications that caused the	ne death. Do no		Wise Ave				Approximata				
	ahock, or heart failure. List only one cause on aach iMMEDIATE CAUSE (Final		t enter tria it	ode of dying, auc	ri aa cardiac	or reapiratory a	,	Interval Batween Onset and Death				
	disease or condition resulting in desth)  a. Hepatic Fail but to (or as a co	ONSEQUENCE OF):						4 days				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	If any, leading to immediate										
3	CAUSE (Disease or injury											
	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in desth) LAST											
	PART II. Other algorificant conditions contributing to death but	not resulting in	the undarivi	ng Ceuse given in	Part i 24	a. WAS AN AUTOPS	y 24h V	/ERE AUTOPSY FINDINGS				
EDICAL	PERFORMED?							WAILABLE PRIOR TO				
ă	1 VES 2- NO COMPLETION OF CAI											
Σ	1 Tyes 2 No											
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 4. OTHER:											
XSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatk	ent 3 DOA 4	□ Nursing Ho	ome 5 - Rasidence								
PH	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY V	NJURY AT YORK?	26d. DESCR	ISE HOW INJURY O	CCURED					
B	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO								
	3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, lactory, office 28f. LOCATION (Street and Number City or Town, State)							ite Number,				
W	29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowled	los doeth seemend	et the time de	do and place, and due	to the source	a) and manner on a	tetud					
COMPLETE	(Check only one) 2 MEOICAL EXAMINER: On the basis of exemination at							and manner as stated.				
	29b. SIGNATURE AND TITLE OSCERTIFIER	-		29c. LICENSE NU	MBER	29d. D	ATE SIGNED (	Month, Day, Year)				
BE	La Alem MD			1960	) 9	•	bruary	25,1996				
2	30 NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH	H (ITEM 27) (Type, F	Print)		•							
	Lauren Marcus 4940 Eas		re	Baltimore	MD	21224						
	31. DATE FILED ALE TE BOOK 27 1996 31 FE GISTAR'S GONATO	hertall										

DALLIMONE, MANILAND ZIZIS-0020	fter death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
100 CO 101 CO 100 CO 10	"TO.THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 was filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND AD

FEBO 2 1996

JOEL

											96	0	251	9
	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMEN'	T OF H	DEAT	AND I	MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)  AMES		JONES	5					2. DATE O	F DEATH DA		YEAR 96	3. TIME OF	. 4
		5. SEX 6.	AGE (In yrs. lest birthday) IF UNDER 1 YE  8 7 YRS.				IF UNDER	24 HRS. MIN.	7. DATE O		08 Virginia		or Foreign	
OR	Villa ST. Michae	9a. FACILITY NAME (# not Institution, give street and number) Villa ST. Michael Nursing						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF O						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MD . N	/A		10c. CIT	Y, TOWN		mor	 е					10d. INSIDE LIMITS1	
FUNERAL	10e. STREET AND NUMBER 902 N. Dukeland						212	5			16g. CITIZ		SAT COUNTE	
В	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  14. RAC  15. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  16. PART OF NISPANIC ORIGIN? (Specify Yes or No—  17. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  18. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OR NISPANIC ORIGIN? (Specify Yes or No—  19. WAS DECENOENT OR NISPANIC OR NISPAN							14. RACE - Black, Specify	American White, etc.	ack				
COMPLETED	15. OECEDENT'S EQUICA (Specify only highest grade co Elementary/Secondary (0-12)	(Gi	CEDENT'S ive kind of v Do NOT us	vork done retired.)	CCUPATIO during mo	ON st of workin	g	F. 10. 20.1	IND OF BUS			nv		
	5th 0 Driver Biscuit Compar  17. FATNER'S NAME (First, Middle, Lest)  Unknown  Unknown													
TO BE	190. INFORMANT'S NAME (Type/Print) Ronald Goodridg							t Bal			. 21	216		
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removi  4 Donation 8 Other (Specify)		206. PLACE A cometery, crea Arbi	20b. PLACE AND DATE of DISPOSITION (Name of Completely, Gramatory or other place) ATOULUS Memorial PK. 2/3 Arbutus, M  22. NAME AND ADDRESS OF FACILITY 1/21-27 N.M						ID.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	+-	FSP #:	281			D ADDRES			172. H Ba				e SI 1217
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis iMMEDIATE CAUSE (Fine) disease or condition	st Only Dne ceuee	aused the de on each line	ath. Do n	ot anter	the mo	de of dyl	ng, such	n aa cardia	c or respir	ratory arm	est,	Onset	ximata il Between and Death
z	resulting in death) a.	DUE TO (OI	R AS A CONSEC		*	_								DURS
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events  C. Due to (or as a consequence of):												
EDICAL C	PART II. Other significant conditions	contributing to de		esulting i			cause g	liven in I		PERFOR	MED?		VERE AUTOPS MAILABLE PR COMPLETION OF DEATH?	OF CAUSE
PHYSICIAN: M	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUS		TH YE		only one)	UNC	ERTAIN	12					
<b>≻</b> l	1 VES 2 NO 1  27. MANNER OF DEATN  1 Neturel 5 Pending	28a. DATE OF IN. (Month, Day,	JURY	28b. TIM	4 Nur	28c. INJI WO	JRY AT RK?		8 Other (	Specify)	JURY OCC	URED		
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined determined 4 Homicide Homicide Homicide Suicide 1 Accident 2 Accident 3 Suicide 8 Could not be determined determined Homicide Homicide Homicide Suicide Suici														

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96

29d. DATE SIGNED (Month, Day, Year)

31

HANOVER ST BALTIMONE MD 21230

end/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated.

29c. LICENSE NUMBER

5

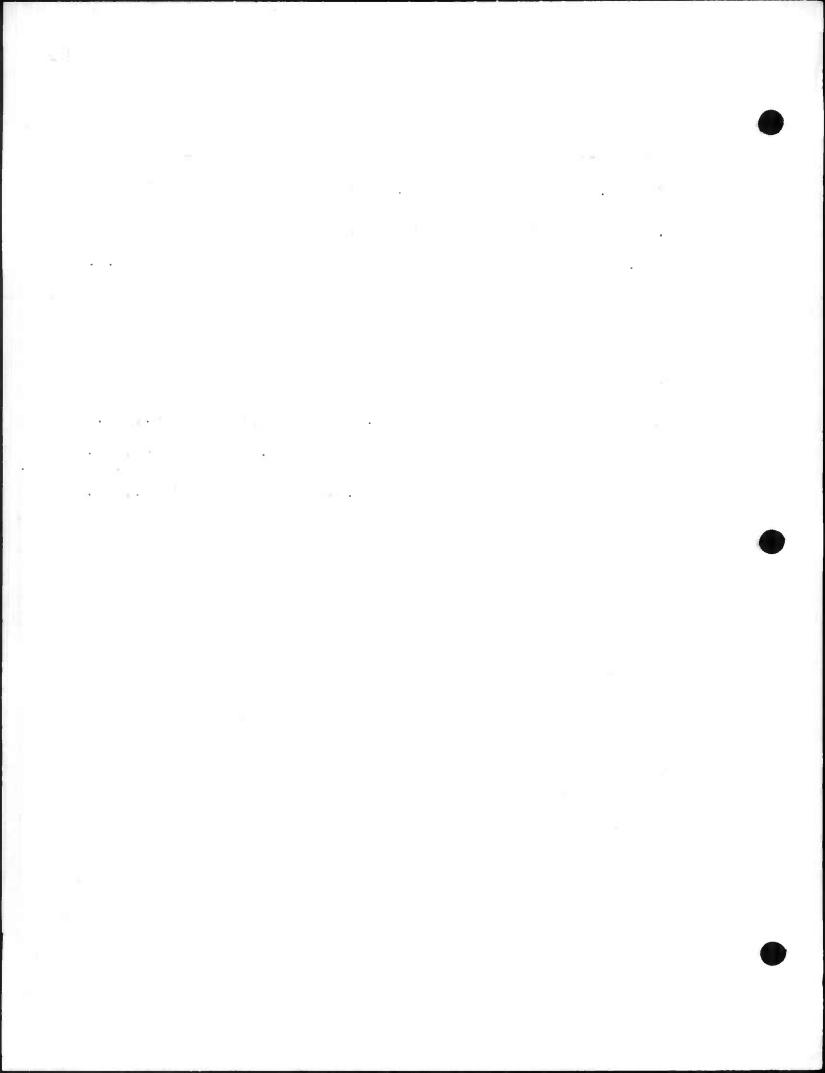
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M

S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MESHULAM
32. REGISTRAB'S SIGNATURE!

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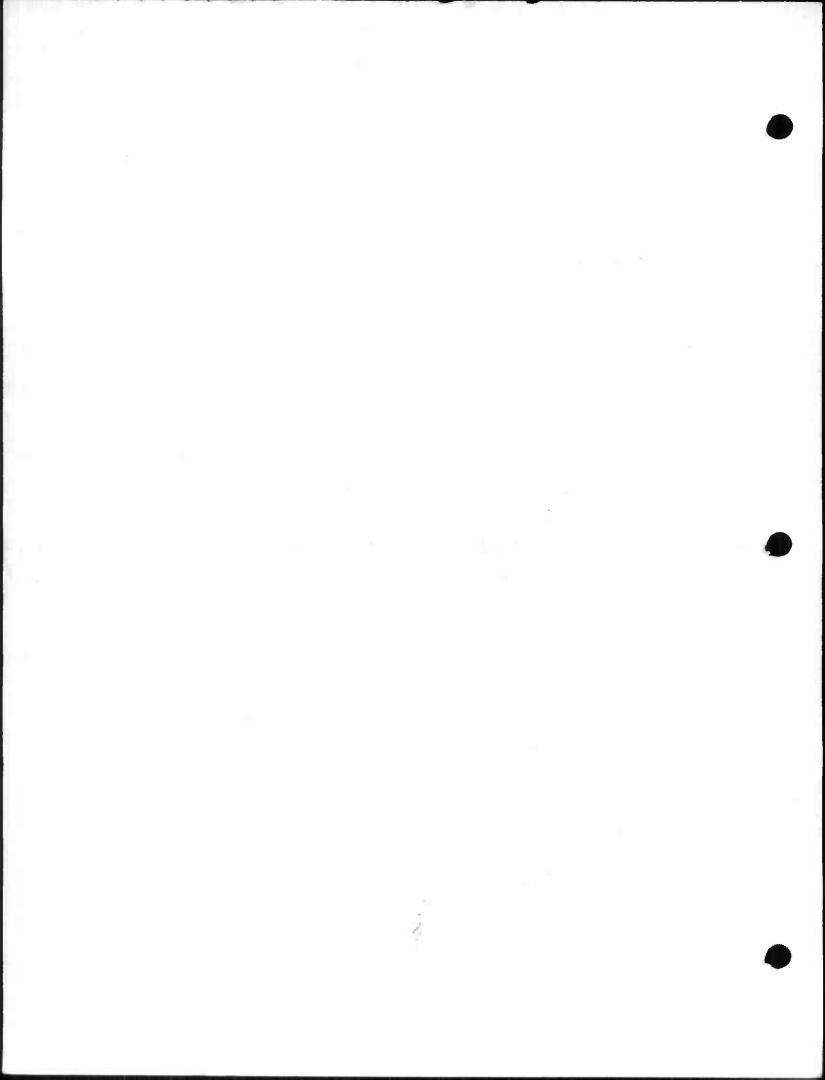


TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FÜNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERT	FICA	IE OF	DEATH	REG. N	Ю.			
1. DECEDENT'S NAME (First, Middle, Last)			1 -1	4 . 4	06	2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH	
Elizabeth		-	Joh	ann	25	January	31 19	1910	7.00 F M	
4. SOCIAL SECURITY NUMBER  220 - 12 - 4832	5. SEX 6.	AGE (In yrs. lest birthde	MONT	HE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	312	Country	PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give	street and number)		9b. 0	CITY, TOWN	OR LOCATION OF DE	200101	9c. COU	NTY OF DE		
Bayview Hosp RESIDENCE OF DECEDENT 100. STATE 100. COUNT 100.	ital				Baltimo	re		n,	/a	
10a. STATE 10b. COUN	гү	10c.	CITY, TOW	N OR LOCA	TION				10d. INSIDE CITY	
Mc.	Baltim	ore			Ess	ex			LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 1000 Frank 11. MARITAL STATUS 1. Never Married 2 Married	lin Ave.			10	21	221	10g. CIT	US A	HAT COUNTRY?	
3 🔀 Widowed 4 🗆 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO		It yes, sp		NIC ORIGIN? (Specify in, Puerlo Rican, atc.)	Yes or No—	14. RACE Black Specifi	- American Indian, , White, atc. y: White	
15. DECEDENT'S ED (Specify only highest grad	UCATION (c. completed)	16e. DECEDEN	T'S USUA	L OCCUPATI	ON	16b. KIND OF	BUSINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retin	one during m ed.)	ost of working					
6th	THE PARTY OF THE PARTY	Но	use	wife		1	n/a			
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 6+1-1 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	len Surname)			
	korly				Mar	v Holer	ador			
100 INCORMANT'S NAME (Topo (Brief)	RELIV	19b. MAIL	ING ADDI	RESS (Street		Route Number, City or		Code)		
Betty Grant				ALL SAME		. Lanhai			706	
20s. METHOD OF DISPOSITION		20b. PLACE AND DA					LOCATION -	_		
1 Durial 2 Cremation 3 Re	moval from State	cematery, crematory	or other pla	ece)	5					
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Parkwoo	d C	emet	ND ADDRESS OF FA	796	Balti	more	Md.	
PR TOLA		. 00.		Co	nnelly	Funeral				
23. PART I. Enter the diseases, or	of mollostions that a	consed the death. F		30	0_Mace	Ave. Ba	ltimo	re i	Approximate	
ahock, or heart feligral IMMEDIATE CAUSE (Final disease or condition resulting in death)	tist only one cause	on each time.						,	Interval Between Onset and Death	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. Preumonic.									
resulting in death) LAST	d									
PART II. Other eignificent condition	ons contributing to de	eeth but not resulti	ng In the	e underlylr	ng cause given in	PERI	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
DID TOBACCO USE CON	TRIBUTE TO CAU	SE OF DEATH	YES [	I NO [	UNCERTAL	N M				
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1		26. PLACE OF I				7				
EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DO		HER:	- 53					
27. MANNER OF DEATH	26a. DATE OF IN		TIME OF	_	JURY AT	8 Other (Specify) 28d. DESCRIBE HO	W IN HIRV OC	CHIPED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJURY	W	ORK? YES 2 NO	280. DESCRIBE HO	W INJUNY OC	CORED		
	28e. PLACE OF building, at	INJURY — At home, te c. (Specify)	m, atreat,	tectory, offi	cn	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
The second secon	SICIAN: To the beat of m								) end manner ea stated.	
296. SIGNATURE AND THE OF CERTIF	ER				29c. LICENSE NU	MBER	29d, DA	E SIONED	(Month, Day, Year)	
					A5414	17357			ary 31,1996	
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print	)	1, 0, ,	1007		unive	7. 7	
Gretchen L.	Dike MD	4940			n Ave.	Baltimo	re Mo	1.		
TFR 0 9 1996	32. REGISTRAR	S SIGNATURE								



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Pages 1, 2, 3 should permit. burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the the medical examiner signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal, requires that the death certificate be executed within 24 traumatic or other shows any this certificate has been with the State Dept. of I OR ATTENDING PHYSICIAN: The law Item 23 6 marked, After 1 death after de DIRECTOR: A TO THE FUNERAL DIRECT
be filed within 72 hours a
IMPORTANT: If Nem 2 TO THE P

DIRECTOR

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notified at once.

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CERTIFICATION

MEDICAL

PHYSICIAN:

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BE 2

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

thet initiated events resulting in death) LAST

3 Suicide

4 🔲 Homicide

29b. SIGNATURE AND TITLE OF CERTIFIER

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH TEAN KEELING JAN,2 YEAR 7 = 15A M 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

YRS. MONTHS DAYS HOURS MIN. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Foreign N A 1 M 2 A F 9e. FACILITY NAME (If net institution, give street 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH CHurch Balto. N.A RESIDENCE OF DECEDENT 10a. STATE 10c CITY, TOWN DR LOCATION 10d. INSIDE CITY BALTO. Md 1 X YES 2 | NO 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2302 U.J.A 21217 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Black 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) House wife 8-02 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Robert 11/18 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street Balts. Md. 21215 20a. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (No 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hzech hocks 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as Approximata ehock, or heart failure. List only one ceuse on each ilna. IMMEDIATE CAUSE (Final Onset and Death disease or condition MarTHS resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER:

DUE TO (DR AS A CONSEQUENCE OF):

1 TYES 2 NO 1 N inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident

determined

28e. DATE OF INJURY (Month, Day, Year)

М 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28b. TIME OF

4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

29a. CERTIFIER

1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner es stated.

24s. WAS AN AUTOPSY

1 TES 2 NO

29c. LICENSE NUMBER

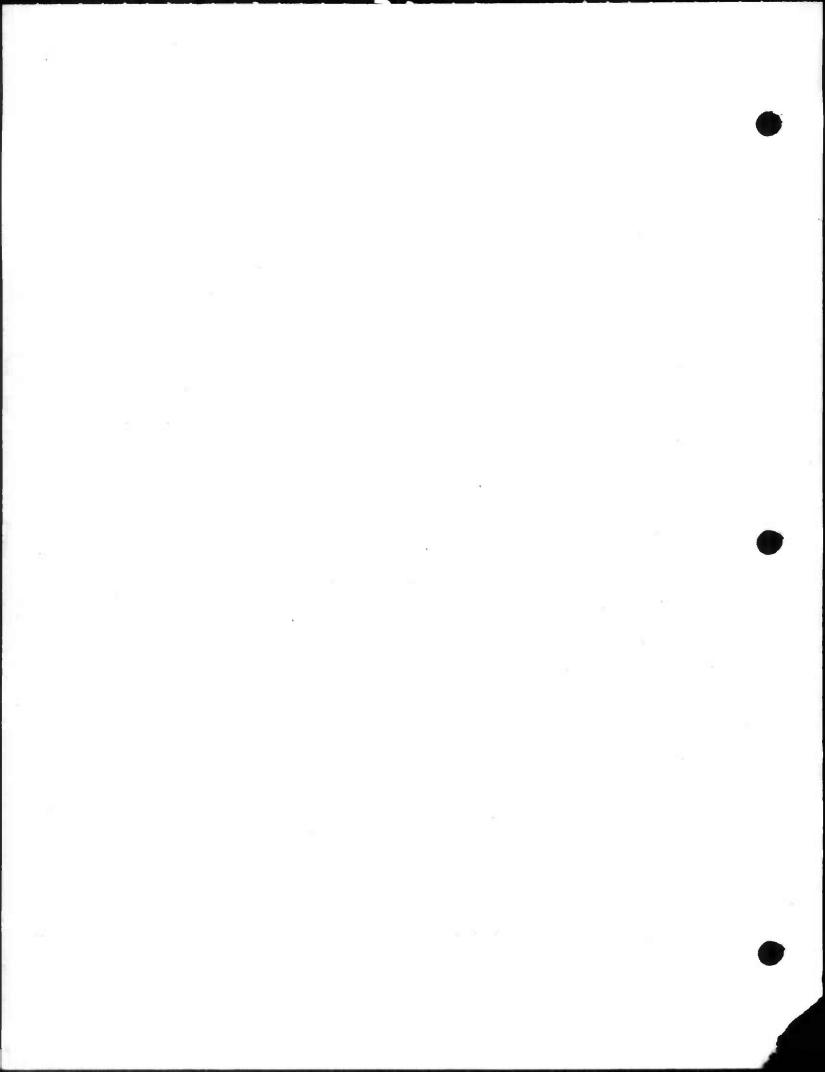
29d. DATE SIGNED (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M-P. CHUNCH HOSPITAZ

FEB 02 1996"



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60	deine
3, P.O. BOX 68760	OD ATTENDING DENCEDARY The law securious these the death secusions he measured with the
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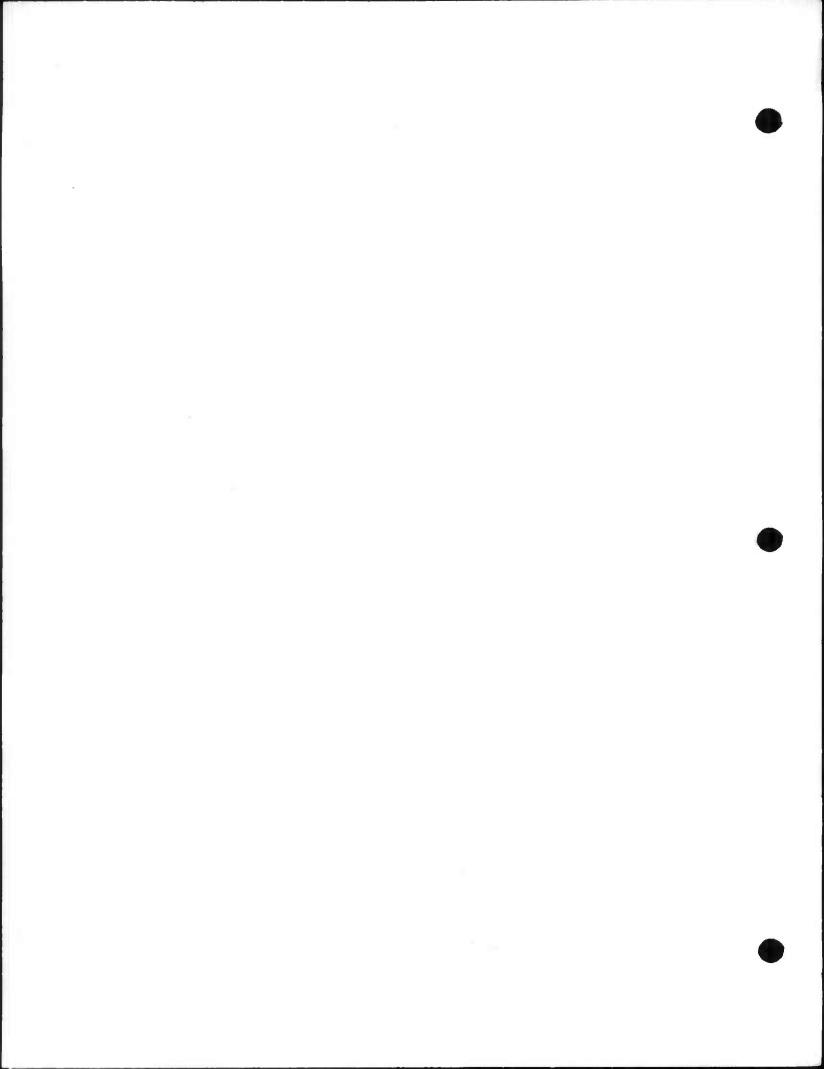
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO HE TISE ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merrial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATN		
ľ		i Lynn Lar	ndsman-	Johnso	n	Jan		1996	3:45 p M		
			yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	OF BIRTN , Day, Year)	8. BIF Cou	TTHPLACE (State or Foreign untry)		
	98. FACILITY NAME (if not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  99. CITY, TOWN OR LOCATION OF DEATH  99. CITY, TOWN OR LOCATION OF DEATH										
OR	8415 Bellona Lane Apt. 1009 Towson Baltimore										
ECI	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		Inc. CITY	. TOWN OR LOCA	TION				10d. INSIDE CITY		
DIRECTOR	Maryland Ba	ltimore			Towson				LIMITS?		
FUNERAL	8415 Bellona I	Lane Apt.	1009	10	H. ZIP CODE	204		-	F WHAT COUNTRY? USA		
FU	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DE	CENDENT OF NISPA	ANIC ORIGIN	7 (Specify Yes	or No- 14. RA	ACE — American Indian, ack, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			S 2 NO Speci		ncen, etc.)		ecity:		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION (Considerate)	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b.	KIND OF BUS	INESS/INDUSTRY	White		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT us	· ·	ost or working						
OMP	1 ]  17. FATHER'S NAME (First, Middle, Last)		Secret	tary	T			mprove	ment		
		mas Baker,	Ir		16. MOTNER'S NA						
BE	19a. INFORMANT'S NAME (Type/Print)	nas baker,		ADDRESS (Street	and Number or Rural	Tene	Stri	gie State Zin Codel			
5	Robert Johnson	, Jr.			Pike U						
	20a. METHOD OF DISPOSITION 1 Duriel 2 X Cremation 3 Remove	20b. F	PLACE AND DATE O	EDISPOSITION /A	ama of	DATE	200 1 00	ATION CITY	Town, State		
	4 Donation 5 Other (Specify)	Met	ro Crema	atory,	Inc. 02,	/01/96	6 Ba	1timor	e, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Comunal Mc	Donald	Cren	nation So	ociety	y of M	aryland	, Inc. MD 21228		
	23. PART i. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused	the death. Do n	ot enter the me	ode of dying, suc	ch aa cardi	lac or reapir	atory arreat,	Approximate		
	IMMEDIATE CAUSE (Final	100							Interval Between Onset and Death		
ļ	disease or condition resulting in death)	DUE TO (OR AS A C	ma								
_		DUE TO (OR AS A C	CONSEQUENCE OF	):							
Ó	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	):							
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):							
CERTIFICATION	d.,										
AL	PART ii. Other significant conditions	contributing to death but	t not reaulting in	the underlyin	g cause given in	Part I.	24a. WAS AN A PERFORM		4b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC							1 TYES 2		COMPLETION OF CAUSE OF DEATH?		
ME	DID TODA COO HER COATTON							^	1 TES 2 NO		
AN	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL		DEATH YES		UNCERTAI	N 🔲					
SIC	EXAMINER?	IOSPITAL:		OTHER:	ne 5♥ Rasidence	6 🗆 Other	(P===#1)				
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT	_		JURY OCCURED			
BY	1 X Natural 5 Pending 2 Accident investigation	(worter, Day, Telli)	INGO		YES 2 NO						
	3 Suicida 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — building, atc. (Specify	At home, term, at	reet, factory, offic		281. LOCA City o	TION (Street and Town, State)	d Number or Rura	I Route Number,		
COMPLETED	(Check only 1 A CERTIFYING PHYSICIA	IN: To the best of my knowled	dge, death occurred	s at the time, date	and place, and due	e to the caus	e(a) and mann	er as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination (	and/or investigation	, in my opinion, o			and place, and	due to the cause	e(a) and manner as stated.		
H H	200. SIGNATURE AND TITLE OF CERTIFIER	a.m.D.			29c. LICENSE NUI				ED (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	Print)	04463	97		Feb.	01, 1996		
	Ian W. Flinn				5+ B	salt.	more, "	ND 5	287		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE								
	FFR 0 2 1996 Juli	Mudea land	<u> </u>						17		
									DHMH-18 Rev 1/89		





filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on, or removal.

cremation, traumatic event, the

prior to burial,

ficate has been signed by the attending physician State Dept, of Health and Mental Hygiene prior to

this certificate

DIRECTOR hours after

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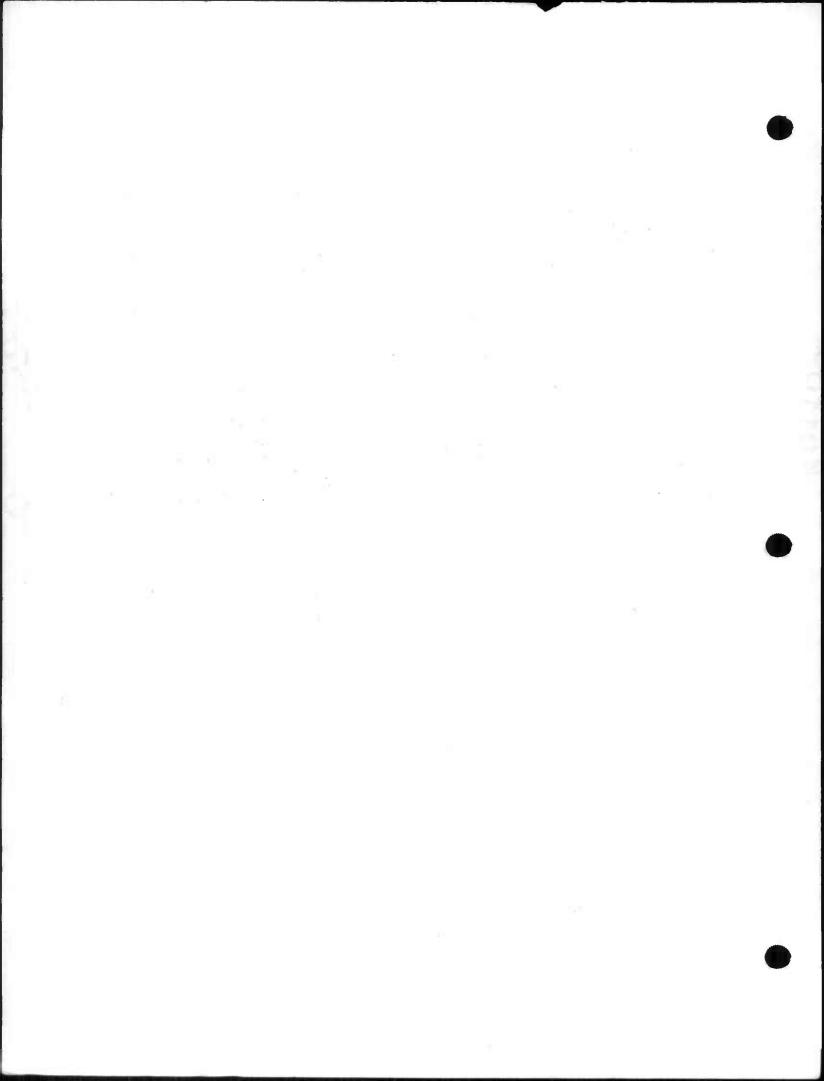
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 96 LEE ELLA 9:45 PM 8 SOCIAL SECURITY NUMBER 5. SEX AGE In yrs. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F Dec 9c. COUNTY OF DEAL TOWN OR LOCATION OF DEATH DIRECTOR Imor 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TYES 2 NO FUNERAL STREE 10g. CITIZĘN OF WHAT COUNTRY? 101. ZIP CODE L 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 (2) NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married BY 3 Widowed 4 Divorced American ETED. 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life Qo NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) COMPL notified at once. 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Numb 2 1818 96 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must Burler 2 Cremation 3 Donation 5 Other (Specify) 3 Ren examiner SEPH L. north medical 23. PART I. Enter the diseases, or complications list caused the death. Do not anter the shock, or heert failure. List only one cause on each line. mods of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition BREAST CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DE PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Rasidence 8 | Other (Specify) 1 YES 2 NO 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide Hem 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL DI TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE Soriano Mo P08553 28/ 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22 S. GREENE ST BALT. MO 21201 SORIANO MD 31. DATE FILED (Month, Day, Year) FEB 0 2 1996 32 AGGISTRAR'S SIGNATURE



	1 - STATE REGISTRAR	IE UF MAKYLANI	OERTIF					NTAL HYGIEN REG, NO.	E		
,	1. DECEDENT'S NAME (First, Middle, Last)		rea M.		16		2	DATE OF DEATH	15 Y	3.1	ZZ57
	4. SOCIAL SECURITY NUMBER 5. SEX 219-39-497 1 0 N	6. AGE (In yrs	: lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH (Morith, Day, Year)	8.	BIRTHPLAC	CE (State of Foreign
OH		number) Spital		9b, CITY,	DWN O	R LOCATION	OF DEAT	1	9c. COUNTY	OF OEATH	
UINECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	R LOCAT	ON				10d	. INSIDE CITY LIMITS?
-	100. STREET AND NUMBER	5		- 12	101.	ZIP CODE			10g. CITIZEN		YES 2 NO
PUNEHAL	4626 Sham		Ave			212	06			1.5	A.
	11. MARITAL STATUS  1 New Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexicen, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Mexicen, Puerto Rican, etc.)  14. RACE — American it yes, specify Cuban, Mexicen, Puerto Rican, etc.)  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-It yes, specify Cuban, Mexicen, Puerto Rican, etc.)									American Indian, hita, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete  Elementally/Secondary (0-12)  Colleg	d) 16a	OECEDENT'S (Give kind of viite, Do NOT us	work done o	CUPATIO	N It of working		16b. KIND OF BU	SINESS/INDUS	FRY	
JME	17_EATHER'S NAME (First, Middle, Last)	VIA	^	1   6	+	10 MATU	TO NAME	(First, Middle, Maiden	VIF		
BE C	andrea L	ane				10. 110 (21)	-	201		mo	15
2		nas	196. MAILING	ADDRESS	(Street or		or Rural Rou	Number, City or Tow AVR	n, State, Zip Co Bo	(tu)	md 2120
	20 METHOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Removal from  4 Donation 5 Other (Specify)	n State 206.PLA	CE AND DATE	ther place)	m	emi	Plc	420/94 1	TY bu	tus,	md .
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Elmoy	0	22.	MAME AN	D ADDRESS	F. H	L-west	Ave		
	23. PART i. Enter the diseases, or complice shock, or heart fellure. List oni	ations that caused the y one ceuse on each	death. Do r line.	not enter	the mo	de ot dyln	g, such a	a cardiac or reap	ratory arreat	,	Approximata Interval Between
	IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	LECTRO-ME	CHAN	ICAL	Dis	60CI	4770	N			Z 45
		CARDIAC	NSEQUENCE O	F):	224	,			_		1065
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLIVING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS	CON	F). GEN	1	4/	Y EAT	er Dise	ASE		BIRM
	d										
MEDICAL	PART II. Other algnificant conditions contr	ibuting to death but n	ot resulting	in the un	iderlying	cauae gi	ven in Pa	PERFO	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	DID TOBACCO USE CONTRIBUTI	E TO CAUSE OF D	EATH YE	ES 🔲 I	10 C	UNC	RTAIN			1	YES 2 NO
2		26. F PITAL: patient 2 ER/Outpatier	PLACE OF DEA	OTHER	R:	4 1 2	44 01	700 00 00			
FITSICIAN	27. MANNER OF DEATH 28	Ba. DATE OF INJURY (Month, Day, Year)	28b. TIM		28c. INJ	URY AT	2	Other (Specify)  Bd. OESCRIBE HOW	NJURY OCCUP	EO	
ED BY	2 Accident investigation 28 PLACE OF INLIBRY At home farm street factors office. 284 J OCATION (Street and Aumber of Duris Burle Number								Number,		
COMPLEIED	29a. CERTIFIER (Check only one) 2										d manner on state of
2	29b. SIGNATURE AND TITLE OF CERTIFIER	Total of Examination and	or investigation		pinon, o		NSE NUMBI		29d. DATE S	IGNED (Mo	nth, Day, Year)
20		LUELO CARI				D	450	46	▶01-	15-0	76
	MALCELO - CABARELO	LI MD - U	NIVERS	STY	of	MD.	22	S. GREE	NE ST.	N.	4 w 94
	31. DATE FILED (Month, BEB 0 2 199)	REGISTRATE SIGNATUR	de P								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

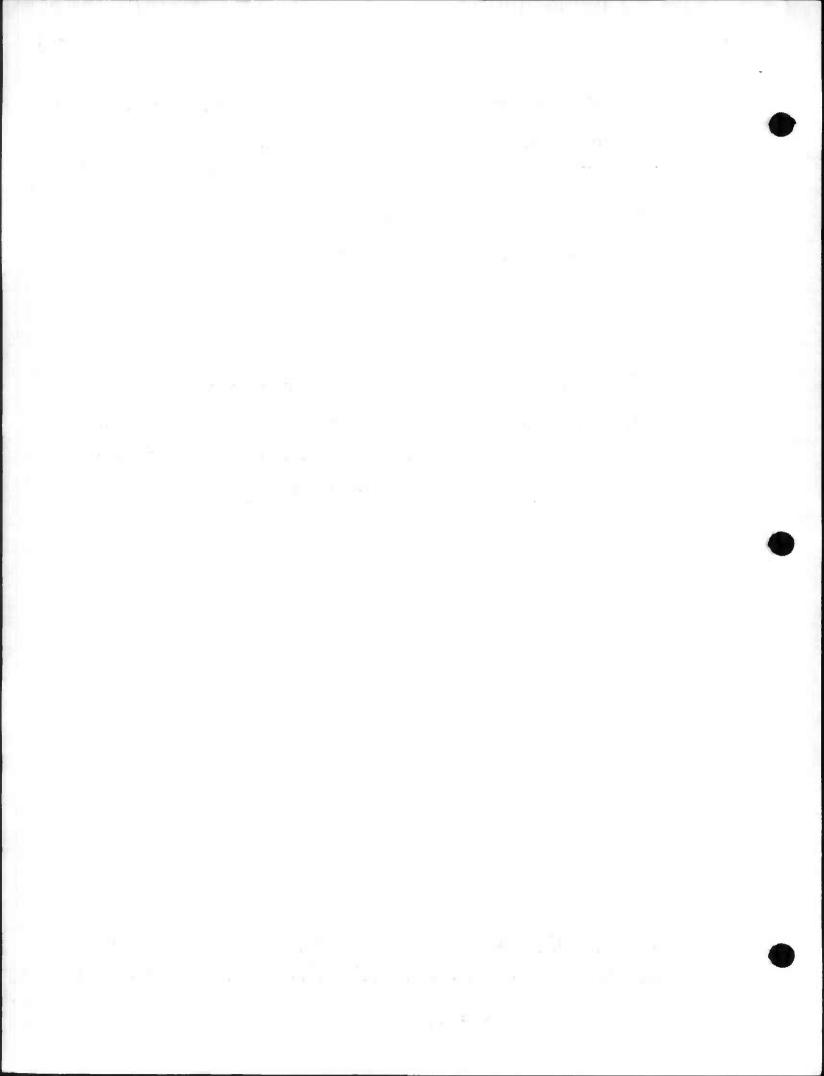
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

DEALTIMORE, MARYLAND 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 02525

- 1					,	Cei	rtifica	te of	Death	,	Reg. No.		
Phy	/sicia	n	Decedent's Neme (First, Middle, L. GERMANUS JC	est) OHN MARX						2. Dete of De Month	isth Day	Year	3. Time of Deeth 4:20 P.
/M	ledica amine	al	4a. Fecliity Neme (If not institution, gi						4b. City, Town, or	January  Location of Deet		ty of Deeth	4:20 P.
LAG	3111111C	-1	333 Hornel St	and the same of th					Baltimo		N/A		
Fune Direc			215 01 2726	Sex 7. As 1⊈M 2□F	ge (In yrs. i	lest birthdey) Yrs.	If Unde Months	or 1 Year Deys	If Under 24 Hrs Hours Min.		th by, Year) 15		ece (Stete or Foreig Vland
and		-	Usuel Residenca of Decedent  10a. State 10b. County		10c. City	y, Town or Lo	cation					10	d. Inside City Limits
h the Marylan r 28a-f ahow		io	Md. N/A			altior							1 Yes 2 □ No
ath with the 23s or 28		Funeral Director	10e. Street end Number 333 Hornel	Street				ip Code 21224			10g. Citizen of USA		ny?
21215-0020 d within 72 hours after death with the Maryland giene. rr than "natural", or frems 23e or 28=4 ahow		Ď	11. Maritel Stetus  1 ☐ Never Merried 2 ☐ Merried  3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces? 1 \( \textstyle \text{Xes} \) 2 \( \textstyle \text{If Yes, Give} \) Yeer or Detes:			Wes Dece f Yes, spo 1  Yes	**	ispenic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		ce - America eck, White, e ify: White	tc.
21215-00; I within 72 hour jiene. r then "neture!"		Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		16a. Deced	dent's Usi	uel Occup	etion during most of wo	rking	16b. Kind of I	Business/Indi	ustry
2121 d within giene.		E	Elementery/Secondery (0-12)	Coilege (1-4or	5+)		Pain		,		Genera	al Mot	ors
Maryland 212 d 2 should be filed with th and Mental Hygiene. It is marked other than		e e	17. Fether's Neme (First, Middle, Las Joseph Marx	1)						me (First, Middle	, Meiden Suma	me)	
Lyla hould Men marks		2	19e. Informent's Neme/Reletionship	Control Date		1 404 44 111		The second second	Mary N				
E 0 0 0			Gloria J. Co						end Number or Ri Od Drive		apolis,		
Baltimore, No pemir. Pages 1 and 3 Department of Health important: If item 27 in the 17 in the 1	5		20e. Method of Disposition  1X Buriel 2 ☐ Cremetion 3 [  4 ☐ Donstion 5 ☐ Other (Speci	☐Removei from Stete	20b. P	leca of Dispo	sition (Ne	ome of		Dete	20c. Location Baltim	- City or Tov	vn, Stete
Baltim permit. Pag Department important: I	BUCE		21. Signeture of Funerel Service Lice		L	Ĉ.	Name e	end Addre	ss of Facility Zeiler	& Son I			
_		+	23a. Pert1. Enter the diseese, or con shock, or heert feilure. List only	nplications thet caused	the death	n. Do not ent	224 E er the mo	de of dyln	rn Ave.	Balto., i	rrest,	1	Approximete
Physici /Medic Examin	cal		Immediate Cause (Final disease or condition resulting in death)	-					s cell c				Year
D .5		ner			Due to (or	rss s consec	luence of	):					
58760, icate be executed physician and ithe burla-transit		II Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	D	Due to (or	r es s conseq	uenca of)	):				1	
E 08	6 3	Medica	thet initieted events resulting in deeth) Lest	d	Due to (or	es e conseq	uence of)	•					7.7
Box beath cert attending	9	Clar	Dod II. Other efacilities at ear distance			hita a sa Maria	4-5-	uterrie		005 D14			
D hat the detached	Dhye	oy ruys	Pert II. Other significant conditions	contributing to death b	ut not resu	Jiting in the ui	nderlying	cause giv	en in Pert I.				the cause of death ably 4氪 Unknow
S S S S S S S S S S S S S S S S S S S	pitolo										sn autopsy ormed?	com	re eutopsy findings flable prior to apletion of cause esth?
The la		3								10	Yes 2 No	10	Yes 2 No
Of VITAL I	B		25. Wes case referred to medical examiner?	Hospitel:				Oth	or	sth (Check only			
	F		1 ☐ Yes 2 ☑ No 27. Menner of Desth	1 ☐ Inpation		ER/Outpatien 28b. Time of		OA Injur Wor	4 LI Nursing F	lome 5 🔀 Resi 28d. Describe	dence 8 □Ot how Injury occu	(-)//	)
Signature death	9	Cario	1 Meturel 5 ☐ Pending 2 ☐ Accident investigetio 3 ☐ Sulcide 6 ☐ Could not be	on Diagonal Ini		Injury	М	1 🗆	k7 Yes 2□No	29f Location (	Street and Num	har or Pural	Route Number,
2 8 8 E			4 ☐ Homicide determined	building, et	c. (Specify	r)	561, 16010	ry, omca		City or To		Dar of Hurar	riodio ridiliber,
- (A - 'W	1 10	CICA	29a. Certifier 1⊠ Certifying PI (Check only one) 2 Medical Example 1 Medical Exampl	nysicien: To the best of miner: On the basis of end menner sto	exemineti	viedge, deeth ion end/or inv	occurred	st the tin n, In my o	ne, dete end piece pinlon, deeth occu	e, end due to the urred et the time,	ceuse(s) and m dete and piece	nenner as ate , and due to	eted. the cause(s)
To the To the To the Compiler	M	E	29b. Signeture end title of certifier				29	c. Licens	e number		29d. Dete sign	ed (Month, D	Pey, Year)
			Carolyn C. He	ouk HD				9	6008		tebrua	y 1,1	996
			30. Neme and address of person who JOHNS HOPKINS BI	completed cause of d	eath (Item	23e) (Type,	Print	494	6008 4WC.HOL	IN AVEN	14 61	ALTI MO	RE, MD 21224
	State	•	31. Dete filed (Month, Dey, Year)	32. Registr	er's Signet	ture							

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02526

				_	C	ertifica	te of	Death		Reg. No.	. 0	202	
Physic		Decedent's Nema (First, Middla	,						2. Data of Do	eeth	Yeer	3. Time of	Death
/Medi			T	homas	Moc	re Jr	•		Jan.	25 <sup>Day</sup>	96	1:55	P.M
Examir		4a. Fecility Neme (If not institution, 7312 Cedar A	giva street and num. Venue	ber)				4b. City, Town, or Lo Jessuj	)	Ba	y of Death 1tim	ore	
Funeral Director		250-03-4916	6. Sax 7 1 ဩrM 2 ☐ F	76 Aga (In yrs	. lest birthd Yrs	Months	Days		8. Date of Bi (Month, Di 02-15	rth ay, Year) - 19		place (Stete or ntry)	
pue *		Usual Residence of Decedant  10e. Stete 10b. County		10c. C	ity, Town o	Location			A CONTRACTOR OF THE PROPERTY O			10d. Insida Cit	32
the Marylan 28a-f show	Director		timore		Jess							1 Yas	
th with th	rai Dire	7312 Cedar A	venue				p Coda 2079	)4		10g. Citizen of	.S.	ntry?	
d 21215-0020 filed within 72 hours after death with the Maryland thygiene. ther than "natural", or fleme 23a or 28-4 show wit, the Medical Examinat must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 ∰ Marrie 3 □ Widowed 4 □ Divorced	12. Wes Deced Armed Force 1 Yas 2 If Yas, Give Yeer or Dat	es? Hano	J,S. 1		: Decedent of Hispanic Origin? (Specify Yes, specify Cuben, Mexican, Puerto Rican, Yes 郭丹枫o Specify:		ecify Yas or N Rican, etc.)	5 Specific	ce - Americ ck, White,		
Maryland 21215-0020 d 2 should be filed within 72 hours aff in and Mantal Hygiene. T is marked other than "natural", or traumatic event, In a Medical Exam	Be Completed	15. Decedent' (Specify only highest Elementery/Secondery (0-12)	grade completad)	cation e <i>completad)</i> College (1-4or 5+)		ive kind of wo e. DO NOT u	Usuel Occupation of work done during most of working OT use ratired)		ing	18b. Kind of B	usiness/inc	dustry	
flaryland 212 2 should be filed with and Mental Hygiene, is marked other than surmadic event, man	3e Cor	8th 17. Fether's Neme (First, Middle, L	ast)		0p	erato	r	18. Mother's Nem	e (First, Middle	Mach Meiden Sumer			
arylan should be nd Mental marked o	To	Thomas Moore	e Sr.					Maudie	e Wils	on			
Maryladd 2 should the and Mer 7 is market traumatic		19e. Informent's Neme/Raietionsh	ip (Type, Print)				-	t and Number or Run					
		Alice Moore		l not	731	2 Ced	lar	Avenue 3					4
Pag Pag ment: H		20a. Method of Disposition  *CRurial 2 Cremation 4 Donetion 5 Other (Sp			cematary,	sposition (Ne crematory or S Mem	othar ple	ece) Park 1/3	Deta L/96	20c. Location Arbut			
Balti pemit. Departm Importa any inju		21. Signature of Funeral Service L	1 1	CFSP#	281			ass of Fecility Lips F/H	1721- H Balt	27 N.M o., MD	onro. 21	e St. 217	
Physician /Medical Examiner	er	23a. Part1. Enter the disease, or o shock, or heart failure. List of the shock of t	a. lung									Approximeta Intervel Betw Onset and D 4 mm	leeth
ords, P.O. Box 68760, requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit	cal Examiner	b. Due to (or es e consequence of):  if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events  Due to (or es e consequence of):  c. Due to (or es a consequence of):											
Box 68 eath certificat attending phy	n/Medical	resulting In death) Last	d	Dua to (	JI 65 & COII	sequence or,					1		
death ce attendi	sicia	Part II. Other significant condition	a contributing to dea	th but not ra:	sulting in th	e undedving	cause d	ven in Part I	23h. Did	tobacco use co	ntribute to	o the cause o	f death?
IS, P.O. es that the de igned by the a	by Physician/											bably 4 L	
S S S	Completed b									s an eutopsy ormed?	ava	ere autopsy fir ailable prior to impletion of ca deeth?	)
I Rec	E								10	Yas 2 No	10	□Yas 2□1	No
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5 0	10	1 ☐ Yes 2 No	Hospitai: 1 ☐ Ing		ER/Outpe		UA	her: 4 Nursing Ho				у)	
Sion Single Profile	edical Certification:	27. Manner of Deeth  1 Neturel 5 Pending 2 Accident Invastige 3 Sulcide 6 Could no		Dey Year)	28b. Time Injur	e of y M	28c. Inju Wo 1 [	Yes 211 No		how injury occur			
DIVI ours after of ours after of seral Direct filled in by	Certifi	4 Homicida determir	ed 288. Pleca o	, etc. (Speci	fy)	street, fector			City or To	(Street and Numi wn, Stete)			<i>191</i> ,
To the Hospital within 24 hours To the Funeral completely filled	edicai	29e. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the becaminer: On the basi end menne	is of axamine	owledge, de etion end/or	eth occurred Invastigetion	et the ti	me, dete and piece, opinion, deeth occurr	and dua to tha ed at tha tima,	cause(s) and made and piece,	annar as st end dua to	tated. the cause(s)	- 13
To the	Σ	29b. Signetura and title of certifier	· · · · · · · · · · · · · · · · · · ·			29	c. Licen	se number		29d. Date signe	d (Month,	Dey, Year)	
		11/2 OG	hi.	MD			D	40850		Janua	un 2	9,199	16
10		30. Neme and address of person w	no completed cause	of deeth (Ital	m 23a) (Typ	pe, Print)	NA	40850 NE. BAL	TIMORI	= MD.	21	207	
Sta Registr		31. Deta filed (Month, Day, Year) FFR 0 2 1996	22. LIA	istrer's Sign	Blure								

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

	hould		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 4:15 AM ETHELYN ELIZABETH M<sup>C</sup>LEAN 1996 January 7. DATE OF BIRTH (Month, Day, Year) June 16, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2 X F Maryland 81 214-07-5994 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Johns Hopkins Bayview Medical Center Baltimore DIRECTOR N/A RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 21222 United States 1839 Portship Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
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1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify BY White 15. OECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 11 years Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) David Darnley Lynn Hotchkiss 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1839 Portship Road Baltimore, Maryland 21222 Buron R. McLean 20e. METHOD OF OISPOSITION
1 □ Burlel 2 ◯ Cremetton 3 □ Removal from State
4 □ Donation 8 □ Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE Hilltop Service Corp. 7/24 Towson. Maryland 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7922 Wise Avenue Dundalk, Maryland 21222 Luc 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disesse or condition Voscolor Accident OUE TO (OR AS A CONSEQUENCE OF) Four Horn reaulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in desth) LAST PART il. Other aignificent conditiona contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 245. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN 🛣 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 XER/Outpatient 3 I DOA 4 Nursing Home 8 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 26s. PLACE OF INJURY — At home, ferm, street, lactory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(s) and manner as steted. 29b. SIGNATURE AND TITLE OF DERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 95073 21,1996 10 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 able

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	
hours afte	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medica	
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	1 - STATE REGISTRAR	/MARYLAND CE		TMEN				MENTA	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					D L.A.		MON	E OF DEATN	W	YEAR	3. TIME OF DEATN
	Francis He	6. AGE (In yrs. last						Jan		, 19		6:55 p м
	218-36-3721 1X M 2 🗆 F	5. AGE (III yrs. last	YRS.	MONTHS	DAY8	IF UNDER	MIN.	(Mon	E OF BIRTN oth, Day, Year)		8. BIRTNI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	,,,		9b. CITY	. TOWN C	R LOCATIO	ON OF D		. 19,	96, COUN		Maryland
5	Meridian Caton Manor Nursi	ng Home										AIN
<u>ا</u> ق	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		Brown and	Baltimore N/A								
DIRECTOR	Maryland Baltimore	0	10c, CIT	Y, TOWN (								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			-	Arbu				10a. CITIZ	EN OF W	1 YES 2 NO	
E	1209 Taylor Avenue					212	2.7			US		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDEN	MED				F HISPA	NIC ORIGI	IN? (Specity Yes	or No-	14 BACE	American Indian,     White, atc.	
BY	1  Never Married 2  Married FORCES? 1  3♥ Widowed 4 Divorced FYES, GIVE W	0			2 XNO			Rican, atc.)		Specify		
	16. DECEDENT'S EDUCATION	16a, DEC	CEDENT'S	USUAL O	CCLIDATIO	M		146	b. KIND OF BUS	INFOR/INDI		White
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 -	(Giv	ve kind of	work done se retired.)	during mo.	st of workin	g	10	O. KIND OF BUS	SIME 23/INDU	JSTHY	
린	9	'	abor	er					Auto S	Salva	986	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA		Middle, Maiden			
BE	Francis Henry Mille								annet			on
2	19a. INFORMANT'S NAME (Type/Print) Francis Henry Miller, III								nber, City or Town			
	20a. METHOD OF DISPOSITION	20b. PLACE A					m R		Spar	KS, I		
	1 Gurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cometery cren	natory or o	ther placel			01	4	96 B			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAWN	F. McDon	ald	22.	NAME AN	D ADDRES	S OF FA	CILITY				
	> K) MMOLIME Uma	IN							ty of l			
1	23. PART I. Enter the diseases, or complications that	caused the dea	eth. Do r	not enter	the mo	de of dyi	ng, suc	h ea cer	rdiac or reapi	ratory arre	re, i	MD 21228 Approximate
	shock, or heart fallure. List only one cau IMMEDIATE CAUSE (Final	se on each line.										Interval Between Onset and Death
	disease or condition										7 months	
	DUE TO (OR AS A CONSEQUENCE OF):											
<u>8</u>	Sequentially list conditions,  Chronic Obstructive Pulmonary Disease  OUE TO (OR AS A CONSEQUENCE OF):											10 years
Ę I	cause. Enter UNDERLYING			ypertension							3 years	
Ĕ	that Hitlated events	(OR AS A CONSEO	UENCE O	F):								
CERTIFICATION	resulting in death) LAST											
	PART II. Other algolificant conditions contributing to	death but not re	aulting	In the ur	derlying	ceuse g	lven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
ICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE										N. o		OF DEATH? 1  YES 2 NO
PHYSICIAN: MED	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEAT	TH YE	SIN	NO [	UNC	ERTAII	N 🗆				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE	E OF OEAT	OTHER								
¥ ¥	1 YES 2 NO 1 Inpatient 2 27. MANNER OF DEATH 28a. DATE OF			4 X Nun	aing Home		sidenca		er (Specify)			
	1 Natural 5 Pending (Month, De		26b. TIM tNJ	IURY M	28c. INJI WO		NO.	28d. DE	SCRIBE HOW I	JURY OCCI	VRED	
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	F INJURY — At hor	ne, farm, s	street, tact			, ,,,,	281. LO	CATION (Street a	nd Number o	or Rural Ro	ute Number.
	4 Homicide determined	etc. (Specify)						City	or Town, State)			
COMPLET	29a. CERTIFIER (Check only 1 XCERTIFYING PHYSICIAN: To the best of	my knowledge, dea	th occurr	ed at the t	lme, data	and placa,	and due	to the ca	ruse(s) and man	ner as state	d,	
S	2 MEDICAL EXAMINER: On the basic of as											and menner as stated.
BEC	200. SIGNATURE AND TITLE OF CERTIFIER		771			29c. LICE	NSE NUI	BER		29d. DATE	SIGNEO (	Month, Day, Year)
2	CI I WILL WILL	tending	I I I I I I I I I - I I - I		11)	ט	1410	00		Jan	3	0. 1996
-	30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE Harjit Singh, M.D. 54	TO-A Rit	chie	Print) Hia	hwav	Ва	ltin	ore	, Md. 2			,
		R'S SIGNATURE										
		Redall										
- III	EFR V (J. 13.31) JULY WILLIAM	CHAM's II										

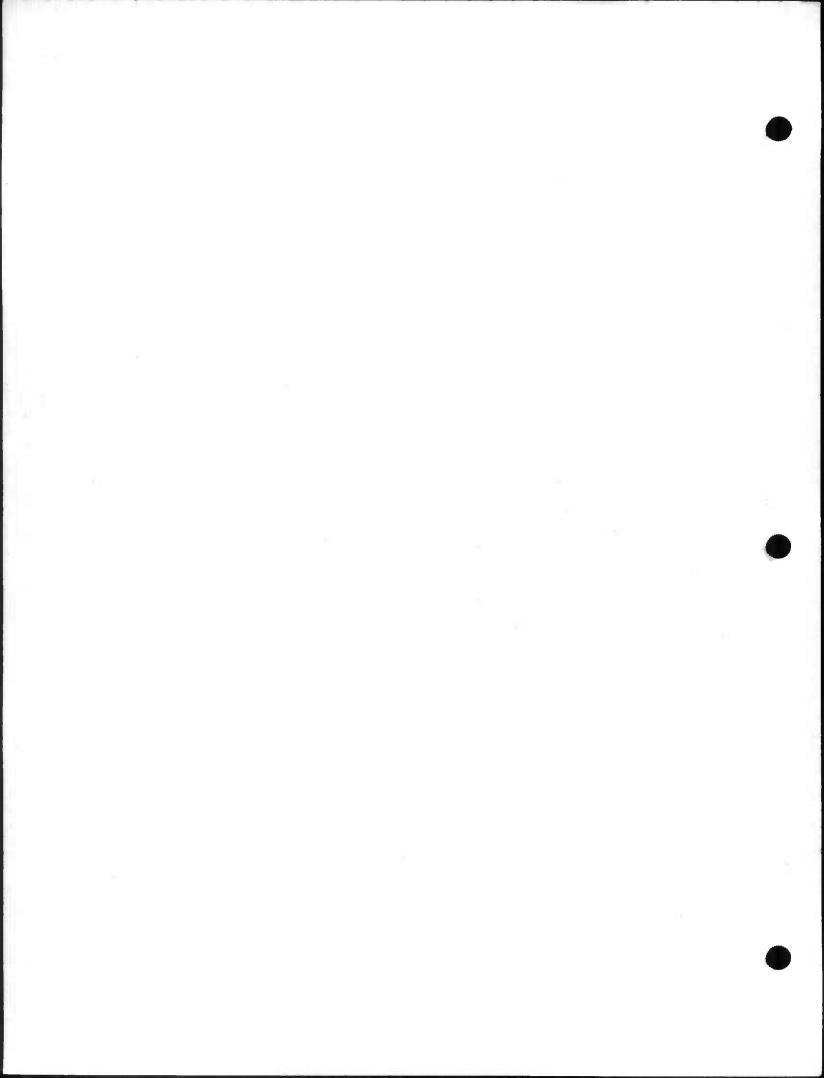
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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		CE	ERTIF	<b>ICATE</b>	OF	DEAT	ГН	REG	NO.			
1. DECEDENT'S NAME (First, Middle, Last) Edina 11 •	Moore							2. DATE OF OEAT MONTH January	3 <b>f"</b> ,199	6 YEAR	3. TIME OF DEATH 4:45 A	
4. SOCIAL SECURITY NUMBER 428-70-4089	5. SEX	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTI (Month, Day, Vo DEC. 6,	H nr)	8. BIRTH Countr	PLACE (State or Foreign	
99. FACILITY NAME (If not institution, give Naryland General RESIDENCE OF DECEDENT 109. STATE 109. COUN MARYLAND	street and number)				TOWN OF				9c. CO	oc. COUNTY OF DEATH Baltimore City		
RESIDENCE OF DECEDENT	-											
MARYLAND 10b. COUN	N/A		BALTIMORE CITY							10d. INSIDE CITY LIMITS? VES 2 NO		
10e, STREET AND NUMBER	1520 NORTH STRICKER STREET					ZIP CODI	E		10g. CI	HAT COUNTRY?		
1520 NORTH STRI						21	217			USA		
10e. STREET AND NUMBER  1520 NORTH STRI  1. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT I FORCES? 1 I IF YES GIVE WAS			R IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify W. If yes, specify Cuban, Mexican, Puerto Rican, etc.)						14. RACE Black Speci	— American Indian, , White, etc.	
(Specify only highest grad						N t of workin	19	16b. KIND O	F BUSINESS/IN	IDUSTRY		
Elementary/Secondary (0-12) 6th GRADE	Elementary/Secondary (0-12) College (1-4 or 5+)  6 th GRADE HOMEMAKER						OWN	1	ног	ΉE		
17. FATHER'S NAME (First, Middle, Last) EDWARD	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surm											
198. INFORMANT'S NAME (Type/Print)	MMS							T, BALT			21217	
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS		_	21122					
4 Donetion 5 Other (Specify)	M Burlet 2 Cremetton 3 Removel from State cemetery, cremetory or other place!									E.P.A.		
23. PART   Enter the diseases, or ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition	. List only one ca	use on aech line	b	not enter	the mod	le of dy	ing, suc				Approximate Interval Between Onset and Dasti	
DUE TO (OR AS A CONSEQUENCE OF):  Chronic Repair faulure.												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	one contributing to	o death but not i	resulting	In the un	derlying	cause	given in	Part I. 24a. W	AS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS	
PART II. Other algnificent condition			PERFO						ES XX NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
DID TOBACCO USE CON	TRIBUTE TO CA					UNC	ERTAI	ИП				
EXAMINER?	HOSPITAL						esidence	6 Other (Specifi	γ)			
I TES ANNO	27. MANNER OF DEATH 28s. DATE OF INJU					JRY AT		6 U Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
	28a. DATE O (Month,		28b. TIR	JURY	WOF	RK?	NO	200. DESCRIBE	TOW INJUNT O	COONED		
2 Accident investigation	28s. DATE O (Month,		IN	JURY	1 V	RK? ES 2	NO NO	261. LOCATION (S City or Town,	Street and Numb		Route Number,	
27. MANNER OF DEATH  Netural 5 Pending 1 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined  29e. CERTIFIER (Check only)	28e. DATE O (Month, 28e. PLACE building	OF INJURY — At ho	ome, ferm,	street, fact	WOF 1 V	RK? ES 2 [	o, and dua	261. LOCATION (S City or Town,	Street and Numb Stete) ad manner as at	er or Rural I	Route Number,	
2 Accident Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIFIER ACCIDENT AND TITLE OF CERTIFIER ACCIDENT AND MEDICAL EXAMI	28a. DATE O (Month.) 28a. PLACE building (SICIAN: To the best of NER: On the beste of NER: Date	Day, Year)  OF INJURY — At he, etc. (Specify)  of my knowledge, de axamination end/or	ome, ferm,	street, fact	WOF 1 Vices	ES 2 and place onth occur	o, and due red at the ENSE NUI	261. LOCATION (S City or Town, to the cause(s) an time, data and pla	Street and Numb Stets)  Id manner as at ca, and due to	tated.  THE SIGNED		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within

THE HOSPILL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIFFICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

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1 - STATE REGISTRAR		STATE OF N				F HEALTH AND OF DEATH	MENT	AL HYGIEN REG. NO				
1. DECEDENT'S NAME	(First, Middle, Last)							E OF DEATH			3. TIME OF DEATH	
MARY			MEHEC	GAN			JAN		19:	96	10:30	
4. SOCIAL SECURITY	NUMBER	5. SEX	8. AGE (In yrs	s. last birthday)	JF UNDER 1 Y	EAR IF UNDER 24 HRS	7. DAT	E OF BIRTH		B. BIRTH	IPLACE (State or Fore	
027-16-0	773	1 M 2 F	74	YRS.	MONTHS D	AYS HOURS MIN.	Mai	nth. Day, Year) r. 19,1	921	Macc	achusett	
9a. FACILITY NAME (#		street and number)			9b. CITY, TO	WN OR LOCATION OF	_	1.0 1.791	~	INTY OF D		
RESIDENCE OF	Stella Maris - Knott I					lowson	Baltimore Count					
10a. STATE	10b. COUNT	Y		10c. CI1	Y, TOWN OR L	OCATION					10d. INSIDE CITY	
Maryland	Balt	imore Cou	intv	Т	owson						LIMITS?	
10e. STREET AND NUI	IBER	JIMOTE CON	лису		UWSUIT	10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
Stella Marsine of 10a. STATE  Maryland  10a. STREET AND NUI  1. MARITAL STATUS  1. MARITAL STATUS	lanou Wa	llev Road	J			21204				TICA		
11. MARITAL STATUS	raney va	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS	DECENOENT OF HISP		IN2 (Specify Ver	or No.	USA	- American Indian	
	2 Married	FORCES? 1 IF YES, GIVE W	YES 2	V NO	If ye	s, specify Cuban, Max	ican, Puerto			Black	, White, etc.	
3 Widowed 4	Divorced	W 1ES, GIVE W	INTO DATES		''	YES 2 NO Spe	спу			Speci	White	
G 15	OECEDENT'S EDU	ICATION	16a		USUAL OCCU		16	b. KINO OF BU	SINESS/IN	DUSTRY	WIIILLE	
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Michael 199. INFORMANT'S NA	ME (Type/Print)	J	Meh	egan	Annesee /o	Esthe	op	Healy	- 01-1- 7	- 0-4-1		
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Mr. Samu		nnyaman				treet, Ba				nd 2		
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1///	Z N	Lawm						la Hama				
Mart	in D. La	wson			650	chell-Wie O York Ro	dere.	La Home	2220	Maxie	land 2121	
23. PART I. Enter t	ne diseeses, or	complications the	t caused the	deeth. Do	not enter the	mode of dying, se	uch aa ca	rdiac or reap	Iratory ar	reat,	Approximate	
li e		List only one ceu	se on each	ilne.							Onset and I	
IMMEDIATE CAUSI disease or condition		COLVE	UT 0 000								105	
resulting in death)			(OR AS A CON		PTICE	MIA						
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26. WAS CASE REFERE		I I I I I I I			TH /Check only		ma L			_		
EXAMINER?		HOSPITAL:	/		OTHER:		on conservative					
DID TOBACC  26. WAS CASE REFERING EXAMINER?  1  YES 2 W  27. MANNER OF DEATH Waturel  2  Accident		1 [ ] Inpatient 2 [		28b /7W		Home 5 - Residence				- Company		
PSC Natural	Pending	(Month, De			JURY	WORK?	CP					
	Investigation		-			VES 2 NO	-					
3 Suicide	Could not be determined	28s. PLACE Of building,	ette (Specify)	r home, farm,	street, factory,	affice	281. LO	CATION (Street ) or Town, Street)	and Mumbe	r or Munel H	taute Number,	
	and a state of the		1									
Check only	CERTIFYING PHYS	CIAN: To the best of	my knowledge	death oceans	gd at the time,	date and place, and d	ue to the co	suse(x) and mar	mer es ete	ted.		
(me) 2						so, death occured at the					and manner as stat	
						Tale UCENTE N	UMBER		_		(Month, Day, Wari	
8	WSS4IDWINS	50				7/7	350	4			9 - 96	
30, NAME AND ADDRE	S OF PERSON WA	O CONTRACTOR CANA	E OF DEATH		200					-	W 07/78	

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

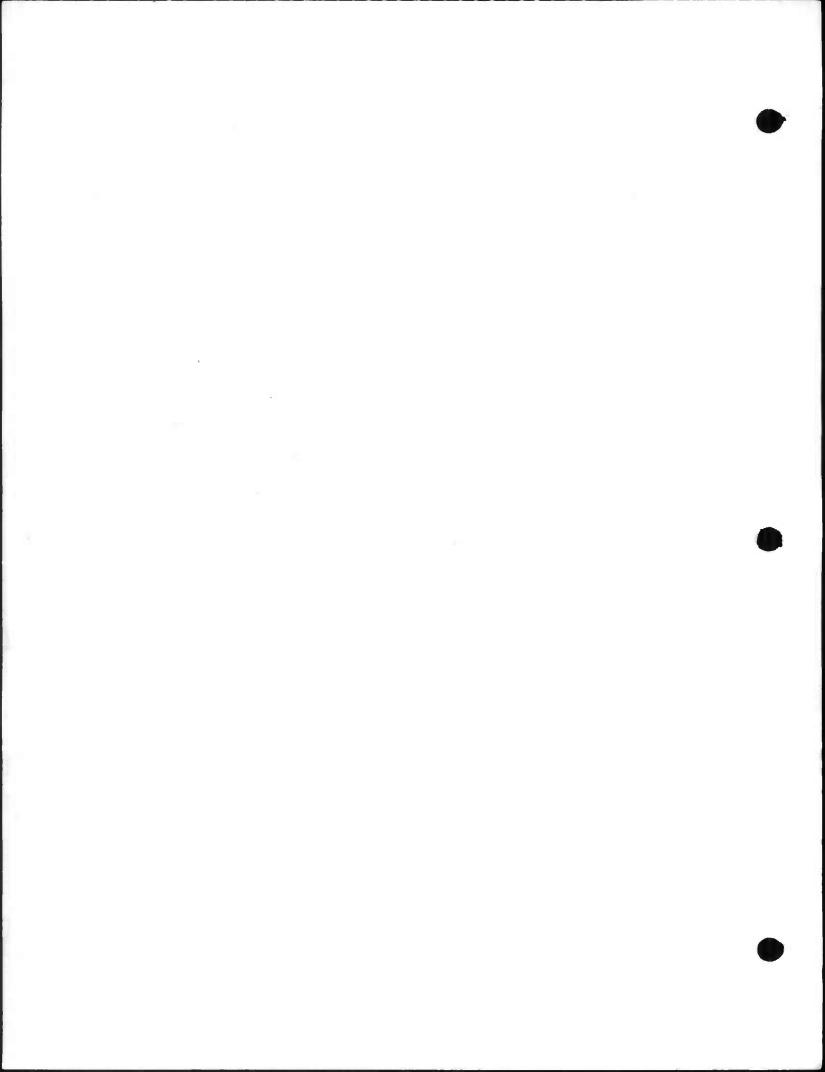
DULANEY VALLEY RD. TOWSON, MD 21204

M.D. 2300 DULA

DHMH-16 Rev 1/89



EDDIE NAKTUDA,



												00	02301	
FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR ERTIF						HYGIEN				
1. OECEOENT'S NAME (First	t, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
Lill	ian	Μ.	Park						Janua		MY	YEAR	10:40 p M	
4. SOCIAL SECURITY NUM		. SEX	B. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF	BIRTH	1,19		PLACE (State or Foreign	
220 07 2113		□ M 2 👿 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D		010	Country	()	
9a. FACILITY NAME (If not		44	0.5		at oran	TOWALO	R LOCATIO		Oct.	21,1	T			
				N OF DE	AIH		9c. COL	UNTY OF DE	ATH					
Overlea Ge		Center			Baltimore						<u> </u>			
10a. STATE	10b. COUNTY			T toc. CIT	Y. TOWN C	TOWN OR LOCATION 18d						10d. INSIDE CITY		
Maryland		10										LIMITS?		
													1 YES 2 NO	
						101.	ZIP CODE				10g. CI	TIZEN OF W	HAT COUNTRY?	
1065 Wilmi								223				U	SA	
11. MARITAL STATUS		2. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED NO					NC ORIGIN? (S		s or No-		- American Indian, White, etc.	
1 Never Married 2 3 Wildowed 4 Div		IF YES, GIVE W	YES 2				2 NO			pri, 410.)		Specif		
X WASSES TO SE	Oliced												White	
	CEDENT'S EDUCAT By highest grade co.		((	ECEDENT'S Bive kind of v	work done			7	16b. KI	NO OF BL	ISINESS/IN	DUSTRY		
Elementary/Secondary	1	College (1-4 or 5	tite	o. Do NOT us	se retired.)									
6				Bru	sh T	rim	er			Pa	inti	nor		
17. FATHER'S NAME (First,	Middle, Last)							ER'S NA	ME (First, Mide					
Daymon	Miller							Edi	th	Jo	rdon			
19a. INFORMANT'S NAME	(Type/Print)		15	b. MAILING	ADDRESS	S (Street a	nd Number o		Route Number,			(in Code)		
Janet A. In									ex, M					
20a. METHOD OF DISPOSI						-		ESS	-	7				
ರಿದ್ದಿBurlal 2 ☐ Cremat	Ion 3 - Remove	I from State	20b. PLACE cemetery, cr	ematory or o	of DISPOS ther place)	ITION (Na	me of	10.10	DATE	20c. L	OCATION -	- City or To	wn, State	
4 Donation 6 Oth			Ceda	r Hil	T Ce	mete	xy 2	/3/1	996	Bal	timo	re, M	aryland	
21. SIGNATURE OF FUNER	A STRVICE LICEN	SEE			22.	NAME AN	D ADDRES	S OF FAI	neral					
Pho-	K-	V.	-										33 21221	
23. PARTA. Enter the	diseases or the	nollostions the	t coursed the d	anth On a									land 21221	
shock, or	haart fallure. Lis	t only one cau	se on each lin	a.	iot enter	uis ino	de or dyn	ig, auci	n ss cardia	c or rass	matory e	rreat,	Approximate interval Between	
IMMEDIATE CAUSE (F	Inai	0-	1.40 125	76	0	17	_		1.4	T			Onset and Death	
disease or condition resulting in death)	<b>→</b> a	4	ANGRE	NE	K	-1414	1	LOV	VEIC	EX	TIZEI	MITY		
		OUE TO	(OR AS A CONSE	OUENCE O	F):									
	b.	a	AMOSIC	24	A12-	TER	-4		SEA	SE				
Sequantially flat cond if any, leading to imm	tions,	CO 120NA12V A12TERY I OUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEA12T												
cause. Enter UNDERL	ring	C	ONGEL	TIVI	=	HE	AIR7		FAI	LUI				
CAUSE (Disease or In that initiated events	ury C.		(OR AS A CONSE						-					
resulting in death) LA	ST													
	d							-					+	
PART ii. Othar aignific	ant conditions	contributing to	daath but not	raaulting	In tha ur	dariying	cauaa g	iven in	Part I. 24	ia. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
ANA	3 MIA										RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									—   ˈ	YES	2 P-NO		OF DEATH?	
DID TOD 1 CCC	ICE COL TE	NUTE TO 1	LIGE OF T	A		-	1		- X				1 TYES 2 NO	
DID TOBACCO		BUIL TO CA					UNC	ERTAIN	N M					
25. WAS CASE REFERRED EXAMINER?		IOSPITAL:	26. PLA	CE OF DEA										
1 YES 2 NO			ER/Outpatient	3 🗆 DOA	OTHE!		• 5 ☐ Red	eldence	8 🗆 Other (S	ipecity)				
27. MANNER OF DEATH		26s. DATE OF		28b. TIM		26c. INJ			26d. DESCR	IBE HOW	INJURY O	CCURED		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1														
2 Accident 3 Suicide	Investigation	28a, PLACE C	F INJURY At h	ome, farm	street feet				281 LOCATI	ON /Street	and Numb	er or Privat D	loute Number,	
4 Homicide	Could not be determined	building,	atc. (Specify)			, 01116	-		City or	Town, State	)	~ or notel n	www. Manueland.	
	110-110-11													
	TIFYING PHYSICIA	N: To the best of	my knowledge, d	leath occum	ed at the t	lme, data	and placa,	and due	to the cause	(a) and me	inner as at	tated.		
one) 2 ME	DICAL EXAMINER:	On the besis of a	xamination and/or	Investigation	on, la my o	opinion, d	eath occure	ed et the	time, dete an	d placa, s	nd due to	the cause(a	) and manner as steted.	
29b. SIGNATURE AND TITE		-					29c. LICE			-	1		9.7.1	
/	JONA-	m					-	314			290. UA	2/2	(Month, Day, Year)	
. //							2	ンノブ	01			-12	1-1-	
30. NAME AND ADDRESS	) - 10				_			_						

N. EUTAW ST FINTE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHOAIIS A.

31. DATE FILED (MONTO) 01996

DHMH-18 Rev 1/89

M1) 7/20

308 Balt.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Month 00 4/ January 30, 1974 30,1996 4e. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death If Under 24 Hrs. Ari 7. Age (In vis. lest birthday) nde mie trunde orth if Under 1 Yaar Birthplece (State or Foreign Country) 5. Sociei Sacurity Number 8. Date of Birth (Month, Dey, Year) 10 M 20 F Yrs 016-01-0990 Jul. 26, 1908 Massachusetts Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Anne Arundel 8433 Jacobs Road, Severn 1 XYes 2 □ No 10e. Street and Number 8433 Jacobs Road 10f. Zip Coda 21144 10g. Citizen of What Country? USA 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or Notif Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - Amarican Indian, Bieck, White, etc. 11. Marital Status 1 □ Nevar Merried 2 □ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Detes: 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education ify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Manager Interior Design 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumems) John R. DeMello Aqueda Maciel 19e. Informent's Neme/Reletionship (Type, Print)
Marianne Pavlosky 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 8430 Jacobs Road, Severn, MD 21144 20b. Piece of Disposition (Nema of cemetary, cramatory or other place)
Metro Crematory 20a. Method of Disposition 20c. Location - City or Town, Sfets 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 1/31 Baltimore, MD 4 □ Donetion 5 □ Other (Specify) 21. Signature of Eugeral Sprvice Licenses 22. Neme end Address of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23e. Part1. Enter the diseasa, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediete Cause (Final disease or condition resulting in deeth) Due to (or as a consequenca of): Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting In deeth) Last Due to (or es e consequence of): CARDIOVASCULAR DISCASE Part It. Other significant conditions confributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was en autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 1 ☐ Yes 1 Yes 25. Wes case retarred to medical examiner?

1 Yes 2 No 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menper of Deeth 26a. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Neturei 2 ☐ Accident 5 Pending Investigation 1 Yes 2 No 3 Suicida 6 Could not be determined 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide

and Ltransit ettending physician a for use es the buriel-Records, P.O. Box 68760, signed by the e been si Ē ŏ

Physician/Medical

by

Completed

Be

2

Certification:

Medical

29e. Certifier

**Physician** 

/Medical

Examiner

MD

Director

Funeral

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Completed

**Funeral** 

Director

7 is marked other than "naturel", or items 23a or 28a-f traumatic event, the Maxical Examiner must be notified

other t

permit. Pege Department of Important: If eny Injury or once. Injury or

**Physician** /Medical

Examiner

Peges 1 and 2 should be filed within 72 hours effer on tof Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or her

Baltimore, Maryland 21215-0020

the Maryland

death

To the Hospital or Atten-within 24 hours effer deal To the Funerel Director; completely filled in by the fil

State Registrar

2 Medical Examiner: On the basis of examinetion end/or trivestigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture and title of partifier

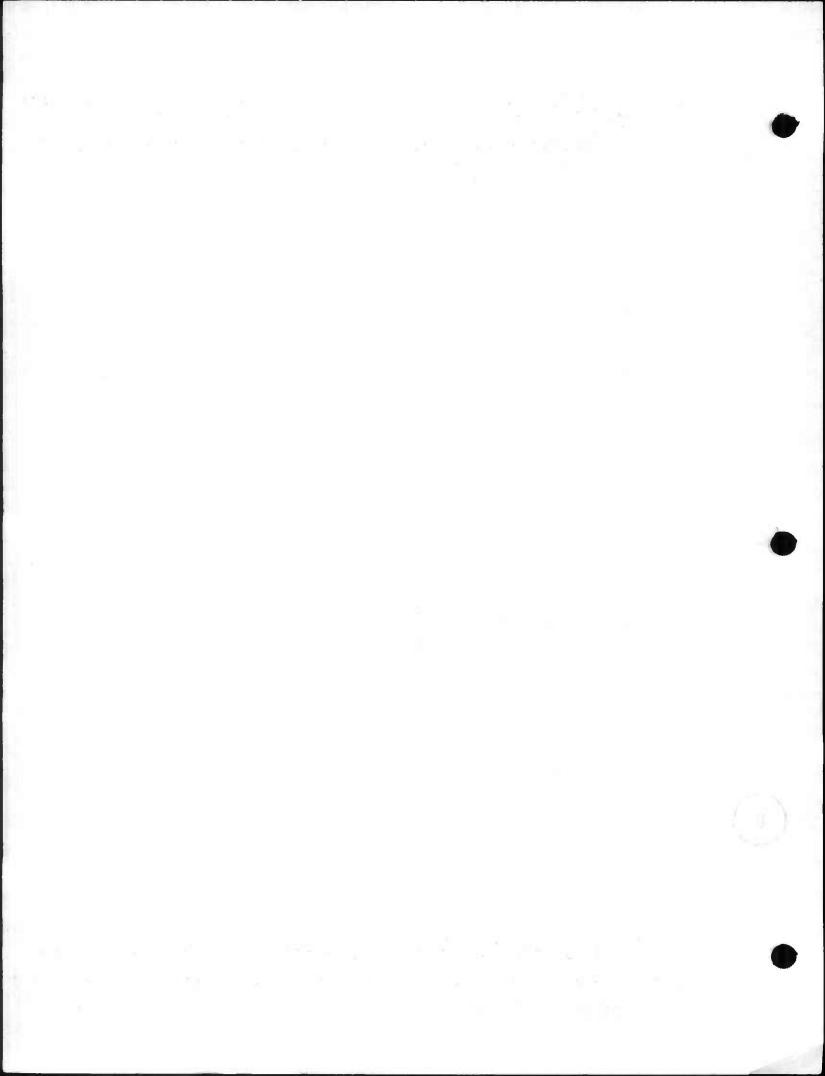
29c. Licansa number

29d. Dafa aigned (Month, Day, Year)

eath (Item 23a) (Type, Print)

HOSPITAL DIVE CLEN BURINE MANGLANG

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner as stated.



Please Type or Print in Black indelible lnk. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene  $9\, 6$ Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Deeth Month **Physician** ARCHIE PARKER 09:00PM MAHLON JANUARY 20, 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE Houra Min. Min. March 13, 1923 New York 5. Social Security Number 6 Sax 7. Aga (In yrs. last birthdey) If Undar 1 Yaar **Funeral** 1₩ 2□F Deys Montha Director 093-18-4186 Usuaf Residence of Decedent the Maryland 10a. Stata 10b. County 10c City Town or Location 10d. Inside City Limits ahow 7 is marked other than "natural", or itams 23s or 28s-f shor traumatic avent, tra Modical Examiner must be notified at Baltimore Baltimore. Maryland 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7821 Baltimore Street Funeral death 12. Wea Decedent Evar in U,S. Armed Forces? 1 ½ Yes 2 □ No If Yas, Give Yeer or Detes: WW I I 11 Marital Status Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. permit. Peges 1 and 2 should be flied within 72 hours after Depertment of Health and Mental Hygiene. Important: If item 27 Ia marked other than "natural", or ital any Injury or other traumatic avent, the Medical Examinat 1 Nevar Married 2 Married White Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à 3 Widowed 4 Divorced WWII Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Induatry Eiementery/Secondary (0-12) College (1-4or 5+) Steel provider Steel unknown 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Bernice Ione Cochrane Chauncey Hobart Parker, Sr. 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7821 Baltimore Street Baltimore, Maryland 21224 Mrs. Evelyn Jean Parker 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 Burlei 2 □ Cremation 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 1-24-96 Dorsey, Maryland Meadowridge Memorial 21. Signature of Funerel Service Licensee Budan Rack of Dundalk, Inc. 7922 Wise Avenue Dundalk. Maryland 21222 23a. Part1. Entar the disaase, or complications that caused the deeth. Do not anter the moda of dying, such as cardiac or raspiratory arrest, shock, or heer feilure. List only one ceuae on each line. Onset and Death **Physician** /Medical fmmediete Ceuse (Finei Knoumonia diseesa or condition rasulting in death) **Examiner** Obstructive lung disease attending physician and for use as the burial-transit Sequentially ilst conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daeth) Last Division of Vital Records, P.O. Box 68760 Pulmorale Physician/Medical Due to (or es e consequence of) signed by the a Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 0 stepporosis þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? certificate 1 Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director; After this certifica completely filled in by the funeral director, 25. Wes casa referred to medical 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1☐Inpatient 2☐ER/Outpatient 3☐ DOA 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 1 Nature 5 Pending 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 | Homicide Medical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier 29b. Signeture and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) White Marsh, Md 21236 NISH DAS 4920 Campbell

State Registrar 31. Dete filed (Month, Dey, Year)

FEB 0 2 1996

July September Rand

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TO THE HOLE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	ly fi	ation	=
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8	No.	Ä	AN
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	1	79	200
Ė	TO THE COMPAN, IN RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	filed	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTM			MENTAL	HYGIENE REG. NO.	90	02334				
	1. DECEDENT'S NAME (First, Middle, Lust) PERRY (	MI-F	(,)		2. DATE	N 3 C		ar 8/0 P M				
	228-20-5264 10 M2 DF 7		UNDER 1 YEAR NITHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		BIRTHPLACE (State or Foreign Country)				
TOR	9a. FACILITY NAME (If not institution, give street and number)  BON SECOURS HOSPI  RESIDENCE OF DECEDENT		city, town o	BALTI		E	9c. COUNTY	OF DEATH				
DIRECTOR	MARYLAND 10b. COUNTY N/A	10c. CITY, T	OWN OR LOCAT	ON FLT/M	ORE	5		10d. INSIDE CITY LIMITS?  1 YES 2 \( \text{NO}\) NO				
FUNERAL	1927 EDMONOSON AVENUE		101.	ZIP CODE	223	3	4	OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 X NO		ENDENT OF HISPAN polity Cuben, Mexica 2 NO Specifi	n, Puerto F		or No 14.	RACE — American Indian, Black, Whita, atc. Specify				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos etired.)	st of working		KIND OF BUSI						
	17. FATHER'S NAME (First, Middle, Last)	HOUSE	KEEP	18. MOTHER'S NA		-	umame)	UN KNOWN)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	7	DRESS (Street a	nd Number or Rural	Aoute Numb	per, City or Town	State, Zip Coo	10)				
	1 A Burial 2 Cremation 3 Removal from State cemet	LACE AND OATE OF D	DISPOSITION (Na	me of	OATE	20c. LOC	ATION - City	or Town, State				
	21. SIGNATURE PUREAL SERVICE LICENSEE	BUTUS		O ADDRESS OF FA H H. BRO W. BALTI			RAL HO	ME, P.A. ORE, MD. 21223				
	23. PART i. Enter the diseases, or complications that caused to shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)	h line.	enter the mo	de of dying, suc	h aa cerd	liac or reapin	etory arrest.	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CE	PART II. Other significant conditions contributing to death but	not resulting in t	the underlying		Part I.	24a. WAS AN A PERFORM	AEO?	24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?				
N. W	DID TOBACCO USE CONTRIBUTE TO CAUSE OF		□ NO Þ	UNCERTAI	N 🗆			1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO		THER:	e 5 🗆 Raaldenca	8 🗆 Other	r (Specify)						
	27. MANNER OF OEATH  1 Netural 5 Pending (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK? 'ES 2 NO	28d. OES	CRIBE HOW IN	JURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY – building, atc. (Specify	- At home, farm, stre-	et, tectory, office		28t. LOC.	ATION (Street ar or Town, State)	nd Number or F	Rurel Route Number,				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowled to the base of examination of the base o							suse(s) and manner as stated.				
TO BE C	29b. SIONATURE AND TITLE OF CERTIFIER			D 26	251	6	D 1/3	GNED (Month, Day, Year) 31/96				
=	30. Name and address of person who computed cause of deat BICH DUNG TOO WAIN	unghn	(M) V SL	Bal	tim	re 1	NO.	2/230				
	FFR 02 1996	URE										

	1. DECEDENT'S NAME (First, A	4	v.		Roull	196		J	DATE OF DEAT	26	1996	3. TIME OF DEATH	
3	4. SOCIAL SECURITY NUMBER 237 30 245		5. SEX 1 <b>X</b> M 2 🗌 F	6. AGE (In y	rs. last birthday)YRS.	MONTHS DA		MIN. A	PRZ7,	1925	NOR	PLACE (State or Foreign TH CAROL)	
стов	99. FACILITY NAME (If not inst BON SECOL	UR HOS					WN OR LOCATION LTIMOR	OF DEATH			N/A	EATH	
DIRE								TOWN OR LOCATION SALTIMORE					
FUNERAL	37 N. BEI		101. ZIP CODE 2122	3		'		F A.					
BY FUN					2 XNO	If ye	DECENDENT OF e, specify Cuben, YES 2 N NO			y Yee or No-	14. RACE Black	- American Indien, White, etc.	
LETED	15. DECEI (Specify only in Elementary/Secondary (0-1	)	life. Do NOT use	rork done durin a retired.)	g most of working	ED		T D A T		MICTPV			
E COMPLET	N/A  17. FATHER'S NAME (First, Mid  JOHN ROU)		College (1-4 or 5 +) N/A  BRAKE SHOE FINISHER  RAILROAD IND  18. MOTHER'S NAME (First, Middle, Maiden Surneme) MARY ROULHAC							OSIKI			
TO B	190. INFORMANT'S NAME (Type MRS. BERTT)		MC KNIC	GHT	19b. MAILING 37 N	ADDRESS (St. BEI	TALOU	Rurel Route	Number, City o	MORE	, MD .	21223	
	20e METHOD OF DISPOSITIO	3 Remov	al from State		ACE AND DATE O			3/96	DATE 200	ALTIN	ORE,	wn, State MARYLAND	
	21. SIGNATURE OF EUNERAL		NSEPLEWIS		GWYNN /	LEW	IS T. 7 PARK	GWYN	N FUN			E 21215	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.  Approximate interval Between Onset and Death  Due To (or As A Consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (or As A Consequence of):  DUE TO (or As A Consequence of):												
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law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm		
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9	Deen	Sept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sho
N.	as b	Pept.	23

Pages 1, 2, 3 should

Item#16.a.G-film 732 per FH. 2/2/96 P.C 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3 TIME OF DEATH MONTH Januar ROI 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreig Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 2-32-1 🛛 M 2 🗌 F Md 2 12, 9a. FACILITY NAME (If not inxtitution, give street and number) 9c. COUNTY OF DEATH DIRECTOR N Ovien umbia Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 520 U.SA oad 1104 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ВУ 1 TES 2 NO Specify. 3 Widowed 4 Divorced July 5-16-58 COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.)

VEHICLE 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe Flementary/Secondary (0-12) College (1-4 or 5+) oth notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, hartes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ar Kesulle Pe 20a. METHOD OF DISPOSITION
1 Serial 2 Cremation 3 Rem OATE - City or Town, State must 12/3/96 4 Donation 6 Other (Specify) enetary examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY March F. H. Usst 430 Daltu nd Juenne medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition GTASTATIC NOSTAGE YEARS resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) CHEMICtraumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINGINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? ашу 1 TYES OF DEATH? 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY marked, 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВY Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If It 2 \_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated TITLE OF CERTIFIER

DHMH-16 Rev 1/89

1996

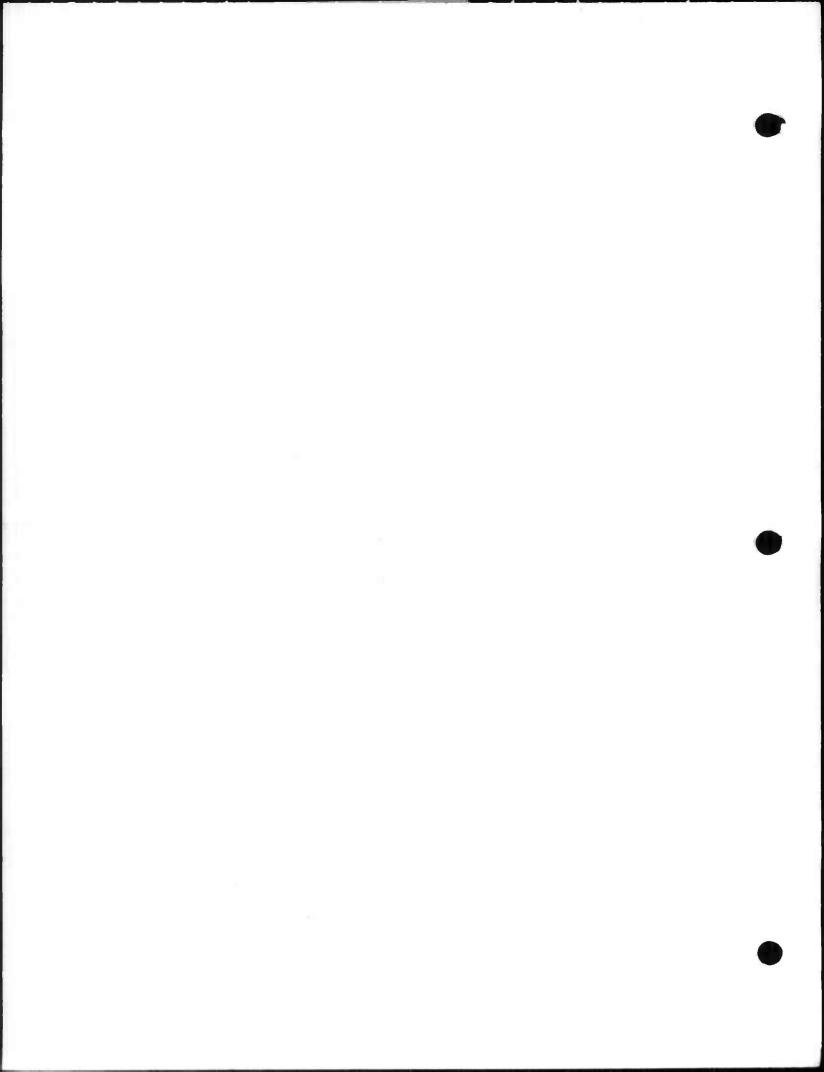
29d. DATE SIGNED (Month, Day, Year)

HO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

3460 ELLICOTT CONTER

29c. LICENSE NUMBER

D31172



DIVISION OF VITAL RECORDS, P.O. BOX 68760

9e. FACILITY NAME (If not institution, give street and number)	AGE (In yrs. lest birthdey)  YRS. MON  9b.	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year)  Sep + 12, 1904  DEATH BC. COU	3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign Country) NTY OF DEATH Batto						
9a. FACILITY NAME (If not institution, give street and number)	9 YRS. MON 96.	THE DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF E  Randal (54)	Sept 12, 1904 DEATH 9c. COUN	Country) NTY OF DEATH						
	10c. CITY, TO	Randallstvi WN OR LOCATION								
RESIDENCE OF DECEDENT	0 1									
North west Hospital RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Md  Balto			atonsulle							
100. STREET AND NUMBER.  5   8 Winters Lane  11. MARITAL STATUS  12. WAS DECEDENT E FORCES? 1		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRYS								
11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, atc.)  1 ☐ YES 2 ☐ NO Specify:  Specify: RladM								
Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)  T. FATHER'S NAME (First, Middle, Last)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	T'S USUAL OCCUPATION of work done during most of working T use natived.)								
TO STATUS STATUS AND STATUS AND	Manager			ram						
William H. Williams	012 1000									
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street end Number or Plural Pourle Number, City or Pown, Stete, Zip Code)  3810 Mohawk Avenue Ba 140, Md 2/207										
20e, METHOD OF DISPOSITION  1	206/PLACE AND DATE OF DIS cemerary, crematory or other p		DATE 200. LOCATION -	more, Md						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mpson Je	22. NAME AND ADDRESS OF F. H.	valuest home	Balfo, Hd ZIZIS						
23. PART i. Enter the diseases, or complications that composed the second part fallure. List only one ceuse	aused the death. Do not e	nter the mode of dying, su	ch as cardiac or respiratory arr							
reaulting in desth)	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Onset and Destrict Dent Dent Dent Destrict Dent Dent Dent Dent Dent Dent Dent Den									
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CAUSE (Disease or Injury									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSECUENCE OF J.									
PART II. Other aignificent conditions contributing to de-	eth but not resulting in th	e underlying ceuse given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE						
DID TOBACCO USE CONTRIBUTE TO CAUSE  DID TOBACCO USE CONTRIBUTE TO CAUSE  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNEROF DEATH  28. DATE OF INJ.  (Month. Day, V.)  (Month. Day, V.)			1 YES 2 NO	OF DEATH?						
DID TOBACCO USE CONTRIBUTE TO CAUS	SE OF DEATH YES [		N E							
EXAMINER?  1 YES 2 NO 1 Inpetient 2 EF	ОТ	HER: Nursing Home 5 Residence	6 Other (Specify)							
27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJ (Month, Day, 1)  28 Accident Investigation	JURY 28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CURED						
	NJURY — At home, farm, street . (Specify)	, fectory, office	281. LOCATION (Street end Number City or Town, Stete)	or Rural Route Number,						
3 Suicide 8 Could not be determined  4 Homicide determined building, atc.  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exam										
296. SIGNEFUNE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year) AND ARY 16 1996						
30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type, Print	C Renda	MBER  29d DATE  29d DATE  14 Two  1	1/33						
FEB 0 2 1996	SIGNATURE									

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State of Maryland / Department of Health and Mental Hygiene

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To Dear Information of Dea		3		213-30-6458	3. Sax 1 M 2 F	Aga (In yrs. iast I	Months Day		8. Data of Bir (Month, Da	th 19. Year) 1905	9. Birth	place (State or Foreign ntry) N.C.
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1 Medical Cause (Final Final Security of Index)   1 Medical Examiner	72 ho	ofical	eted			16	ia. Decedent's Usual Occ	cupation	kina	16b. Kind of	Business/Ir	ndustry
1 Misurial 2   Committed   1 Misurial 2   Comm	within ane. than	Ja. Me	фш							Dom	EST	10
1 Misurial 2   Committed   1 Misurial 2   Comm	filed	ent, II	ပိ	17. Father's Name (First, Middle, L.	est) /		TOUGE WIF	7	e (First Middle			
1 Migurial 2   Caramation 3   Stemoval from State   WOODLAWN GEMETARY 2 8 - 96   BALTIMORE, MD   A   Contain of Solbert (Special)   Solbert (Spe	Vid be Vental	tic ev	OB	Sherman	COOK			Mari	1 600	K		
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1 Migurial 2   Caramation 3   Stemoval from State   WOODLAWN GEMETARY 2 8 - 96   BALTIMORE, MD   A   Contain of Solbert (Special)   Solbert (Spe	1 and Health	ther			EKSON	20h Place	of Disposition (Name of	MOR COURT				
Physician Modical Examiner  To a part of the data and a consequence of the consequence of	Page nent c	njury or o		1 ☑ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe	ecify)	ceme	tery, cramatory or other p	METARY &	1-8-96	BALTI	MORI	
Physician (Medical Examiner)    The part of the part o	Depa	any ir		Sprin Co	rroll		1712 W.	north au	0			
The class   The continue   The con				23e. Part1. Enter the disease, or c shock, or heart failure. List or	omplications that cause nly one cause on each	ed tha death. De line.	o not entar the mode of d	lylng, such as cardiac	or respiratory a	rrest,	_1 -1	Intarval Between
Due to (or ea a consequence of):    Due to (or as a consequence of):			. 1	Immediate Cause (Final	E	noch	do patha					Oriset and Dealit
Sequentially list conditions, if any leading to immediate cause. Enter Underlying that Initiated events that I	Exami	ner		disease or condition resulting in death)	a						1	
Due to (or as a consequence of):    Compared to the control of the	<b>D</b> :	#	lner		_ ,							
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   23b. Did tobacco use contributa to the cause of death?   1   Yes 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 1   Yes 2   No 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 1   Yes 2   No 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 3   Probably 4   Unknown   24a. Was an autopsy performed?   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 1   Yes 2   No 2   No 3   Probably 4   Unknown   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 3   Probably 4   Unknown   24b. Were autopsy findings available prior to college of death?   1   Yes 2   No 1   Yes 2   No 1   Yes 2   No 2   No 3   Probably 4   Unknown   24b. Were autopsy findings available prior to college of death of death?   1   Yes 2   No 1   Yes 2   No 2   No 2   No 3   Probably 4   Unknown   24b. Were autopsy findings available prior to college of death of death?   1   Yes 2   No 2   No 2   No 3   Probably 4   Unknown   24b. Were autopsy findings available prior to college of death of death   1   Yes 2   No 2	e execute	urial-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0.	Due to (or as	a consequenca of):					
25. Was case referred to medical examiner?    1	ertificate b	e es the b	Medica	that initiated events	d.	Dua to (or as a	a consequence of):					
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25. Was case referred to medical examiner?    1	ew require	2 should	pleted								av	railable prior to empletion of causa
1   Shatural   2   Accident   3   Suicide   4   Homicide   5   Pending investigation   6   Could not be determined   28e. Placa of injury - At home, farm, street, factory, office   28f. Location (Street and Number or Rural Route Number, building, etc. (Specify)   29e. Certifier (Check only one)   2   Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and manner as stated.   29b. Signatura and title of certifiar   29c. Licansa number   29d. Date signed (Month, Day, Year)   29d. Date signed (Month	The l	page	Sol						10	Yes 2 No	1	□ Yes 2□ No
1   Shatural   2   Accident   3   Suicide   4   Homicide   5   Pending investigation   6   Could not be determined   28e. Placa of injury - At home, farm, street, factory, office   28f. Location (Street and Number or Rural Route Number, building, etc. (Specify)   29e. Certifier (Check only one)   2   Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and manner as stated.   29b. Signatura and title of certifiar   29c. Licansa number   29d. Date signed (Month, Day, Year)   29d. Date signed (Month	ician: certific	ctor	Be	examiner?	Hospitai			Whor	11			
State 31. Date filed (Month, Day, Year)  OKONNet MD  D27860  February 1 1996  780 WASHINGTON  BILT MO  Z1230	Phys r this	V			28a. Date of In	jury 28b	Julpatient 3L DOA	4 Li Nursing no	-			(y)
State 31. Date filed (Month, Day, Year)  OKONNet MD  D27860  February 1 1996  780 WASHINGTON  BILT MO  Z1230	ath.	e fun	atlor		(Month, D	ay Year)				,,,,,		
OKONNY MD  D27860  February 1 1996  30. Name and address of person who completed cause of death (Item, 23a) (Type, Print)  CtRISTOPHER D. KENKNEY MD  State  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	or Atte	d in by th	ertific		ed Zoe. Flaca of it		farm, street, factory, office	98	28f. Location ( City or To	Street and Nur wn, State)	nber or Run	al Route Number,
OKONNEY MO  30. Name and address of person who completed cause of death (Item, 23a) (Type, Print)  CHRISTOPHER D. KENKNEY MO  State  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	Hospita 24 hours Funeral	letely filled		(Unack only 2 Medical Ex	taminer: On the basis	ot exemination a	ge, death occurred at the and/or investigation, in m	time, date and placa, y opinion, death occur	and due to the red at the time,	causa(s) and r date and place	manner as s e, and due t	stated. o the cause(s)
State  OKONNEY MD  D27860  February 1 1996  TOWASH INOTON  BALT MO  State  31. Date filed (Month, Day, Year)  32. Registrer's Signeture	Within To the	dwoo	Me	29b. Signatura and title of certifiar		0	29c. Lica		T			Day, Year)
State 31. Date filed (Month, Day, Year) 32. Hegistrer's Signeture	)	1		DKO,	When MI	$\mathcal{I}$		27860		Febru	my l	1996
State 31. Date filed (Month, Day, Year) 32. Hegistrer's Signeture		2		30. Name and address of person w	no completed cause of D. K	death (Item 23a	1/4/ 4.0	700 WY	RIVD	DOTON	BI	JLT MO
Registrar F.D. U. 2. 1996 Julia di Wasan Kadali			6	31. Date filed (Month, Day, Year) FFR 0 2 1996	32. Regis	trer's Signeture	•					4250

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<b>BALTIMORE, MARYLAND 21215-0020</b>	retained
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0	ed within 24 hours after death. Pane 8 may be retained by the hospital or ottending shading
760	A pe

DIVISION OF VITAL RECORDS, P.O. BOX 68:

BALLIMORE, MARTLAND ZIZIS-0020	fler death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
Constitution of the Country of the C	ID ME POPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the internal principles after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

										20	U	2539				
	1 - FOR STATE REGISTRAR	STATE OF MAI					IEALTH AND	MENTA	L HYGIEN REG. NO	_						
	1. DECEDENT'S NAME (First, Middle, Last)	D						2. DATE	E OF DEATH	AY	YEAR 3.	TIME OF DEATH				
	Victoria Louise							Jan	uary	30 19	996	3:40 p <sup>M</sup>				
			AGE (In yrs. les	YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	OF BIRTH th, Day, Year)	r) Country)						
	9e. FACILITY NAME (If not institution, give street	44	84	17.01	9b. CIT	Y. TOWN (	OR LOCATION OF		21,191		Mary I					
DIRECTOR	Maryland Masonic He						ville					e County				
RE(	10e. STATE 10b. COUNTY					WN OR LOCATION					100	I. INSIDE CITY				
ō	Maryland Baltimon	re Count	<u>у</u>	Ca	tons	vill						YES 2 NO				
105 Paradise Avenue							. ZIP CODE			10g. CITIZI		COUNTRY?				
JNE		WAS DECEDENT EV	VED IN ILS AS	MED	12		21228		A10.00 11 11		U.S					
BY FUNERAL	1 Never Married 2 X Married	YES 2 X	NO	13.	If yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 NO Spec	can, Puerto	N? (Specify Yes Ricen, etc.)	or No- 1	Black, W	American Indian, hite, etc.					
	15. DECEDENT'S EDUCATIO	ON	16a, DE	CEDENT'S	USUAL C	CCUPATIO	ON .	16	b. KIND OF BUS	SINESS/INDU		MILLCE				
COMPLETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)	(G	ilve kind of a Do NOT us	work done retired.)	during mo	st of working									
MPI	Unknown		Cro	ssin	g G	uard			ounty		1 Sys	tem				
	17. FATHER'S NAME (First, Middle, Lest)  Alois Michael Gue	elta					18. MOTHER'S N		Middle, Maiden							
BE	19a. INFORMANT'S NAME (Type/Print)	erta	D.V.				Hedwi				Weisn	er				
5	Thomas L. Rowe						COLLEGO					D. 21784				
	20a METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal		20b. PLACE	ANDDATE	DE DISPO	SITION (Na	me of	DAT		CATION - CI						
	1 Suriet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Loudo	n Pai	K Place	emet	ery	4	_			ryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE			22.	NAME AN	D ADDRESS OF	FACILITY				Lyzeria				
	10h 39	The second		-	M	litch	ell-Wie	defe	ld Home	, Inc						
	23. PART I. Enter the diseases, or comp	plications that co	used the de	ath. Do r	ot entai	r the mo	York Ro	ich en car	diac or reapi	ratory arres	) 2121 nt.	2 Approximate				
	shock, or heart failure. List	only one cause	on aach iina	1.					·			interval Between Onset and Death				
	disease or condition resulting in death)	CVA														
		DUE TO (OR	AS A CONSE	DUENCE OF	F):							3 days.				
N	Sequentially list conditions, b.															
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEC	DUENCE OF	ን:											
E S	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF	<b>ገ</b> :											
E	resulting in deeth) LAST			2000	,						į					
	PART II Other elections and discuss															
O	PART II. Other aignificant conditions co	intributing to dec	oth but not r	esulting l	n the u	nderlying	g cause given i	n Part i.	24a. WAS AN PERFOR		AMA	RE AUTOPSY FINDINGS				
	dialate								1 TYES 2	X NO		IPLETION OF CAUSE DEATH?				
	diabetes						-		1   YES 2   NO							
MEDICAL		ITE TO CAUS	E OE DEA	TLI VE	· -	NO P	LINCEDTA				1 [	YES 2 NO				
MEDICAL	DID TOBACCO USE CONTRIBU	JTE TO CAUS		TH YE		- 1	UNCERTA	IN 🗆		-	1 [	YES 2 NO				
MEDICAL	DID TOBACCO USE CONTRIBUTION OF THE PROPERTY O	SPITAL:	26. PLAC	E OF DEAT	H (Check	only one)			or (Specify)		1 [	YES 2 NO				
MEDICAL	DID TOBACCO USE CONTRIBUTION OF THE PROPERTY O	OSPITAL: Inpatient 2 = ER	26. PLAC	DOA 286. TIM	OTHE 4 Nur E OF	only one) R: rsing Home	e 5 🗆 Residence	8 Othi	er (Specify) SCRIBE HOW II	NJURY OCCU		YES 2 NO				
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 1  27. MANNER OF DEATH  1 Notural 5 Pending	OSPITAL:	26. PLAC	DOA 286. TIM	OTHER 4 Nur	only one) R: rsing Homo 28c. INJI WO	e 5 🗆 Residence	8 Othi		NJURY OCCU		YES 2 NO				
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BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  10  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DSPITAL: Inpatient 2 ER. 28e. DATE OF INJI (Month, Day, You	26. PLAC //Outpetient 3 URY bar) JURY — At ho	DOA 28b. TIM	OTHEL 4 V Nur E OF URY	only one) R: rsing Homo 28c. INJI WO 1  Y	e 5 Residence URY AT RK? (ES 2 NO	8  Other	SCRIBE HOW II		RED					
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BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1. NANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined	DSPITAL: Inpatient 2 ER 20e. DATE OF INJ (Month, Day, 1) 20e. PLACE OF IN, building, atc.	26. PLAC //Outpatient 3 URY ber)  JURY — At ho (Specify)	DOA 29b. TIM INJ	OTHEL 4 DY Nur E OF URY M street, fac	only one) R: rsing Hom 28c. INJI WO 1	e 5 Residence URY AT RK? /ES 2 NO end place, end de	28d. DE 28f. LOC City	SCRIBE HOW II  CATION (Street e or Town, State)  use(s) end men	nd Number of	RED  Rural Route	Number,				
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31. DATE FILED (MODITI, DO 000 2 1996

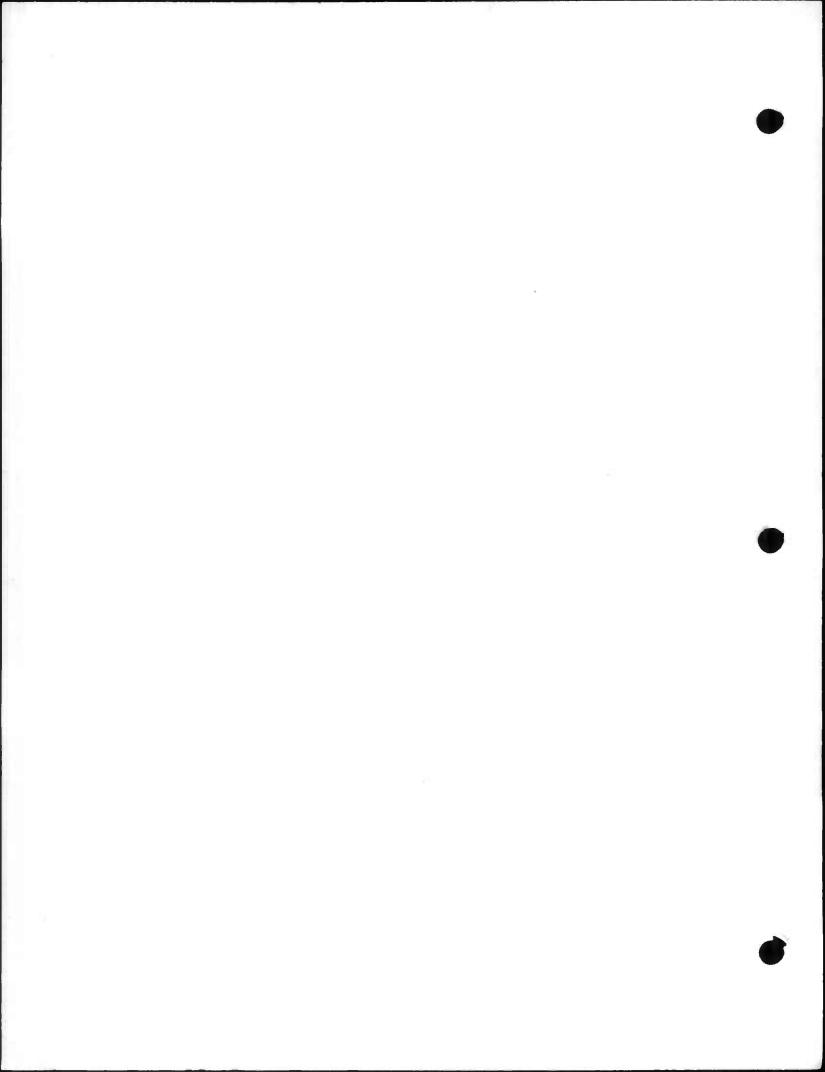
96. SIGNATURE AND TITLE OF CERTIFIED.

0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

June Breiner, M.D. 1205 York Road Lut

32/AFGISTRAP'S SIGNATURE

1205 York Road Lutherville, Maryland 21093



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item#1.G-film732 per State of Maryland / Department of Health and Mental Hygiene 96 FH. 2/2/96 P.C Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Dete of Death **Physician** Month 11:50 a.m. JANUARY 28 1996 WILLTAM Francis SCHNELL /Medical 4a. Fecllity Nema (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER BALTIMORE TOWSON If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 8. Data of Birth (Month, Dey, Year) Sept. 25, 1924 6. Sex 7. Age (in yrs. last birthdey) Birthplece (Stata or Foreign Country) **Funeral** 117 M 2□ F 220-18-4959 71 Yrs Director Maruland Usual Residence of Decedent Show 10a. Stata 10b County 10c. City, Town or Location 10d. inside City Limits the Medical Examiner must be notified at Maryland Director 1 ☐ Yes 2 No Harford Joppa 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6 2501 Lincrest Road 21085 U.S.A. Herna 23a Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 1 (12 Yes 2 □ NoK one an If Yas, Giva Yaar or Detest on flict 14. Reca - Amarican Indian, Black, White, atc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after d Department of Haaith and Mental Hygiene. Important: If Nem 27 is marked other than "natural". ~ bottom. 1 ☐ Nevar Married 2 🛱 Married 1 ☐ Yas 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working lifa. DO NOT use retired) ENGLINELY Completed 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elamantary/Secondery (0-12) Coilaga (1-4or 5+) Federal Government Refrigeration & Air Cond. 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Be William Schnell Flora Andrews 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Mildred M. Schnell (wife) 2501 Lincrest Road, Joppa, MD 20b. Piaca of Disposition (Nama of cemetery, cremetory or other piace) 20a. Method of Disposition 20c. Location - City or Town, Stata Deta 1 Burial 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Memorial Gardens 2/1/96 Bel Air. Maryland 21. Signature of Funeral Service Licenses 22. Nama end Addrass of Facility Schimunek Funeral Homes, Inc. 23a Parti. Enset the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediate Causa (Finai 100 ags. Syndrome (ARDS) diseese or condition resulting in death) Examiner Examiner PNROMONIA ician and burial-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarfying Cause (Disaase or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): physician sthe burial Physician/Medicai Dua to (or as e consequenca of): ate has been signed by the a page 2 should be detached it Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? heart completion of cause of death? Ventricaler 1 ☐ Yas 2 ☐ No Be 26. Placa of Death (Check only ona)

Attending Physician: The law requires that the death certificate be executed P.O. Box 68760. Division of Vital Records. this is Alber

the Maryland

25. Was casa rafarred to medical axaminer? 1 Yas 2 No

Hospital: 1 Inpetiant 2 ER/Outpatient 3 DOA 28b. Tima of 28d. Dascribe how injury occurred

Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify)

27. Mannar of Death 1 Natural 2 Accident

3 Suicide

4 Homicida

28a. Data of injury (Month, Day Year) 5 Panding Invastigation 6 Could not ba

28c. injury et Work? 1 Yas 2 No 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Certifiar

Certification: To

12 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated.

29b. Signetura end titla of cartifier

MO rarmen romos

29c. License number

29d. Date signed (Month, Dev. Year)

30. Name and addrass of per-

on who completed cause of death (itam 23a) (Type, Print) 6569

Lanvien 31. Deta filed (Month, Dey, Year) 32. Registrar's Signatura 0 2 1996

**DHMH 16 Ray 6/95** 

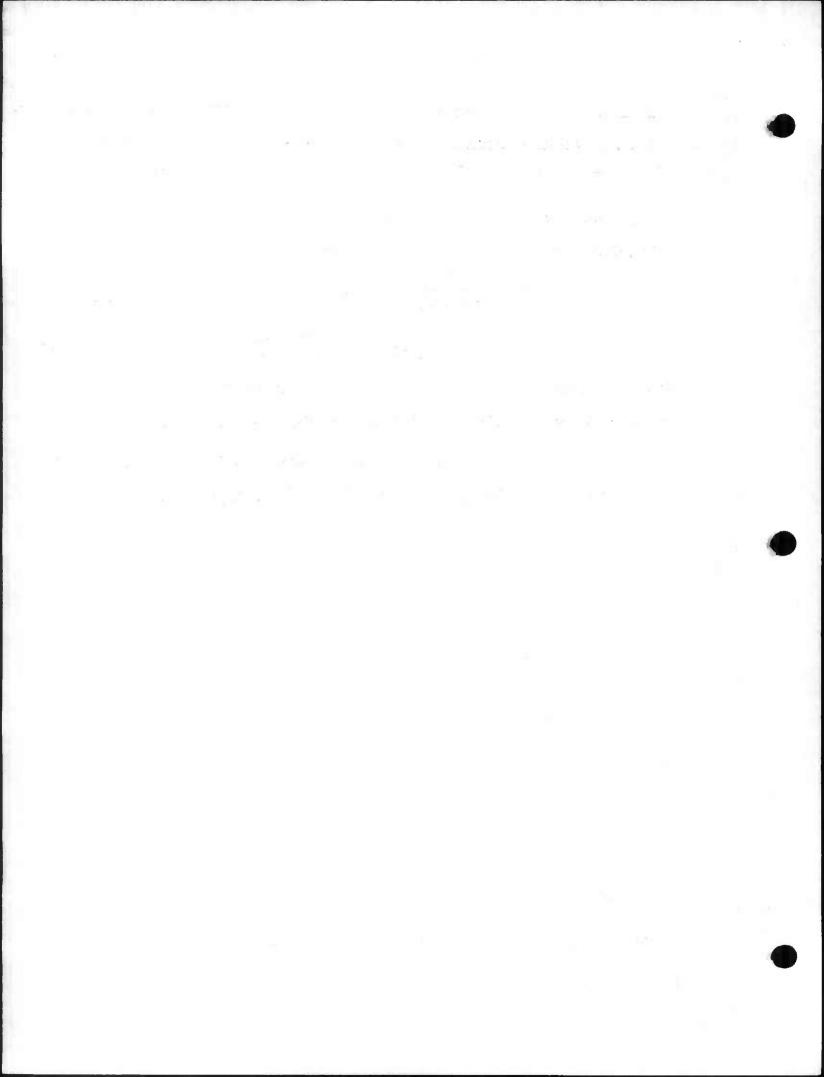
State

Registrar

Director

B





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	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should h with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	регтіп. Р	
DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rial-transit	
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SICIAN: T	the State	of ay blace 22 chause any interest or abbase bearenable agent the modified accomings to a settle of the
NOING PH	After this death will	ie marked
DR ATTER	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	DODTANT If Hem 28
HOSPITAL	FUNERAL DIF within 72 hou	TANT. 16
是是	THE FU	MPOP

	FOR STATE OF MA	ARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE	96 02541					
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DAY	S. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  1 1 1 2 F		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)  Kentucky					
l ao	9a. FACILITY NAME (If not institution, give street and number)  Mexiclian Franklin W		Baltimore	DEATH 90	Baltimore					
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore	10c. CITY,	TOWN OR LOCATION  Baltimore	10d. INSIDE CITY LIMITS?						
ERAL	100. STREET AND NUMBER 4208 E. Joppa Road		101. ZIP CODE 2123		1 □ YES 2 🕅 NO PG. CITIZEN OF WHAT COUNTRY?  U.S.A.					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, OIVE WAI	YES 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic  1  YES 2 NO Specific No.	ANIC ORIGIN? (Specify Yea or I						
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th grade  College (1-4 or 5+)	ille. Do NOT use	rk done during most of working	166. KIND OF BUSINE	SS/INDUSTRY					
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) William M. Scalf	Graci	AME (First, Middle, Melden Surn e Blackbwrn							
10	190. INFORMANT'S NAME (TyposPrint) Frances Scalf (wife)	4208	ADDRESS (Street and Number or Plural Poure Number, City or Town, State, Zlp Code)  E. Joppa Rd., Baltimore, MD 21236							
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 M Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE OF cometery, cremetery or othe Bluegrass	Memorial Garde	Waltha Nicho	on - City or Town, State Lasville, Kentucky					
	A J. fill		22. NAME AND ADDRESS OF P Schimunek Ful 9705 Belair 1	ieral Homes, Rd., Baltimor	Inc. Le. MD 21236					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  INTRACEREBRAL BLEED									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  L Y PEYZ TENSION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL O	PART II. Other algnificent conditions contributing to de			Part I. 24e. WAS AN AUTT PERFORMED  1 TYES 2 14	27 AMAILABLE PRIOR TO					
SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH		N 🗆						
PHYS	27. MANNER OF DEATH 28s. DATE OF IN	R/Outpatient 3 DOA 4  JURY 28b, TIME 0	S Nursing Home 5 ☐ Residence  DF 28c, INJURY AT	6 Other (Specify)  28d. DESCRIBE HOW INJUR	TY OCCURED					
ED BY	2 Accident Investigation	NJURY — At home, farm, stre	M 1 YES 2 NO	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,					
OMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of m									
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER Could hehards	_ mo	29c, LICENSE NL DY 63	MBER 290	d. DATE SIGNED (Month, Day, Year) February 1, 1996					
,	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  CAYLOL RICHAPLOSON MD  31. DATE FILED (Month, Day, Year)  32. REGISTRARY	9000 Frank	-lin Square Dr	ive Baltimo	remo 21237					
	FER 02 1996 1/2 Studies									

#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death SPARKS Month **Physician** T 3.45 PM 31 Jan Leona /Medical 4e. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HARBOR CENTER HOSPITAL Baltimore If Under 1 Yeer If Under 24 Hrs. 8 Data of Birth
Montha Deys Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Director 218 14 4989 April 7, 1909 Maryland Usual Rasidance of Decedant the Maryland 10e. State 10b. County 10c. City, Town or Location 10d, Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Modical Examiner must be notified at Maryland Baltimore Sparrows Point 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 7320 Bayfront Road 21219 USA death permit. Pages 1 and 2 should be filed within 72 hours after deat Dopartment of Health and Mental hygiene. Important if Item 27 is marked other than "naturel". or Many Injury or other traumetic event. 12. Wes Decedant Evar In U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-ff Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indien, Black, White, atc. 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Dates: 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No Specify: White Ď 3 Widowed 4 □ Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 08 Telephone operator Communications 17. Father's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Joseph Hittle Louise Uresch 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Rita Perzinski (Daughter in Law) 7320 Bay Front Road Baltimore, Maryland 21219 20b. Place of Disposition (Nama of cematery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 Buriai 2 Cremetion 3 Ramoval from Steta
1 Ponation 5 Othar (Specify) Greenmount Crematory 2/2/1996 Baltimore City, Maryland 22. Nama and Addrass of Fecility
Bruzdzinski Funeral Home P.A. 21 Sign re of Funeral Serone Licenses 1407 Eastern Ave Baltimore MAryland 21221 plications plat caused tha death. Do not enter the mode of dylng, such as cardiac or respiratory arrast, or one cause on each line. Approximata Interval Betw **Physician** immediata Cause (Final diseasa or condition rasulting in daath) /Medical Examiner 1ac physician and the burial-transit Sequantially fist conditions, if any, leading to immediate cause. Entar Underlying Causa (Disaase or injury that let interest and inter Division of Vital Records, P.O. Box 68760, thet initiated evants rasulting in daath) Lest Due to (or as a consequenca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown Coronary Artery disease, Myo Cardial þ 24b. Wara sutopsy findings availabla prior to complation of cause of death? 24a. Was an autopay performed? infarction - Hypothyroidism - Hypertension. 1 ☐ Yes 2 No 25. Was casa ratarred to medical examiner? 26. Place of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? Ather 1 Natural 2 Accident Attending 5 Pending er death. 1 ☐ Yas 2 ☐ No Investigation 6 Could not be determined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. 29e. Certifier 29b. Signatura and title of certifiar 29d. Date algned (Month, Day, Year) 29c. License number M.D. Elassal AS2441614-24 Jan, 31 30. Nama and address of person who complated causa of daath (itam 23a) (Type, Print) S. Hanover St. Harbor Hosp. Ctr. 3001 ELASSAL 31. Deta filed (Month, Day, Year)

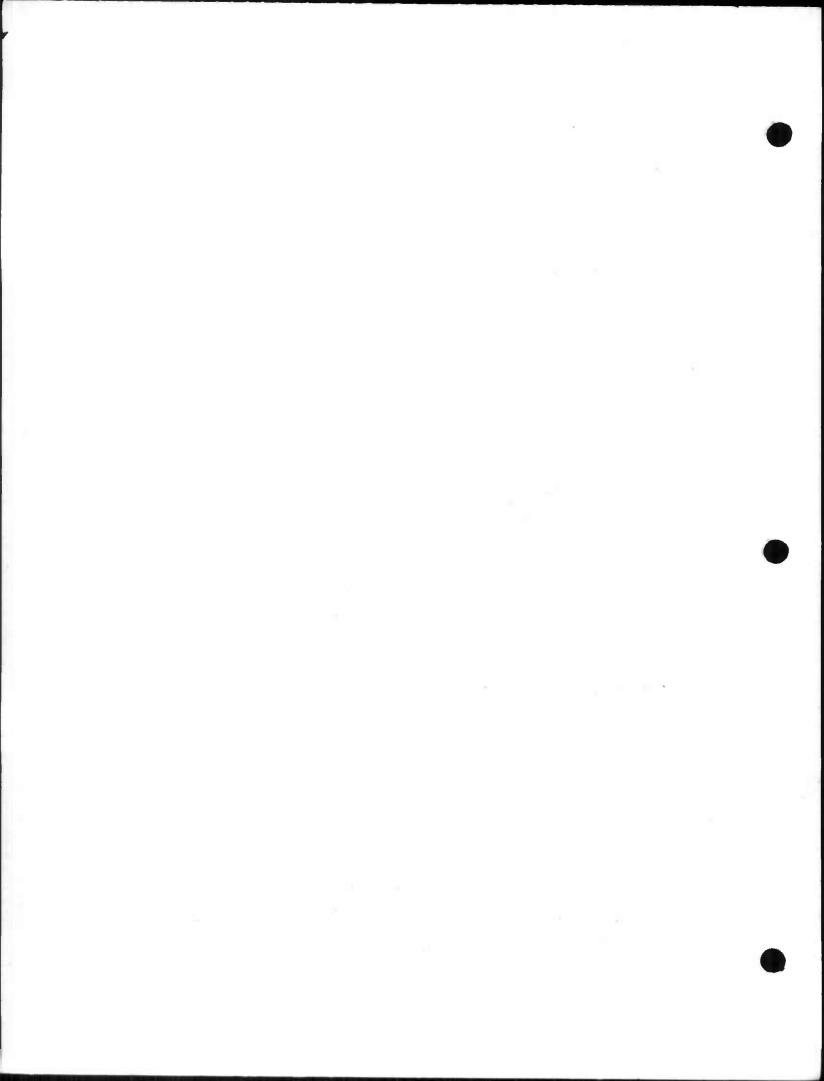
Registrar

FFR 0 2 1996

32. Registrar's Signature his drugsor Reveall

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
			/	

	FOR STATE OF MARYLAI  - STATE REGISTRAR	ND / DEPARTMENT ( CERTIFICATE		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
	Mollie E. Stacks			02/01	10/	" 1.45 Pm			
		yrs. last birthday) IF UNDER 1 1		7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign ountry)			
	215-48-4717 1 M 2 1 F 8	3 YRS. MONTHS	MIN.	3/3/1912	, L	MD			
	99. FACILITY NAME (If not institution, give street and number)	9b. CITY, T	OWN OR LOCATION OF D		9c. COUNTY OF DEATH				
NO I	Hopkins Bayview	Ra 1	timore						
DIRECTOR	Hopkins Bavview RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY			10d, INSIDE CITY					
E		10c. CITY, TOWN OR				LIMITS?			
	Md.	Baltim	lore.		10g. CITIZEN OF WHAT COUN				
FUNERAL				2.4					
N N	329 S Clinton Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN 1	IS ADMED 13 W	2122	Z 4 NIC ORIGIN? (Specify Yes	USA	IACE — American Indian.			
	1 Never Married 2 Merried FORCES? 1 YES	2 NO If	res, specify Cuben, Mexico	an, Puerlo Ricen, stc.)		Black, White, etc.			
BY	3 ₩ Widowed 4 □ Divorced	25	YES 2 KNO Specif	ry	,	White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCC (Give kind of work done dur	UPATION	16b. KIND OF BUS	SINESS/INDUSTR	RY			
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)	ing most of working						
P	12th	Homemaker		In own	n home				
8	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	AME (First, Middle, Meiden	Surneme)				
BE	Hoffman		Unkno	own					
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (	Street end Number or Rural	Route Number, City or Town	n, State, Zip Code	)			
-	Ms.Romelle Hoffmaster	333 Elri	no Street			d. 21224			
		PLACE AND DATE OF DISPOSITI tery, crematory or other piece)	ION (Neme of		CATION — City of				
		klawn Ceme		2/3/96 I	Baltim	ore Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	,	AME AND ADDRESS OF F		n N.Za	nnino Jr.			
	Maria P. Janve	26	3 S.Conkl	_		Md. 21224			
	23. PART I. Enter the diseases, or complications that caused ahock, or heart fallure. List only one ceuse on ea	the death. Do not enter the				Approximate Interval Between			
	IMMEDIATE CAUSE (Final	cn mie.				Onset and Death			
	disease or condition a. Aspiration	on Preun	nomica			2 days			
	a. ASPITATON NEUMONIA								
N	Sequentially list conditions, I be the sequence of the conditions								
Ĭ	Sequentially list conditions,  If any, leeding to immediate  cause, Enter UNDERLYING								
2	CAUSE (Disease or Injury C.	CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST	oonstockie or j.							
CERTIFICATION	d								
AL	PART II. Other significant conditions contributing to death but		erlying ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2	Anemia, Atrial Flor.	llation		1 _ YES 2	<b>X</b> NO	COMPLETION OF CAUSE OF DEATH?			
ME						1 TYES 2 NO			
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES N	O W UNCERTA	IN 🗆					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	6. PLACE OF DEATH (Check on							
SIC	1 VES 2 NO 1 Ampatient 2 ER/Outpa	tlent 3 DOA 4 Nursi	ng Home 5 🗆 Residence	6 Other (Specify)					
F	27. MANNER OF OEATH 26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	ec. INJURY AT WORK?	28d. OESCRIBE HOW	NJURY OCCURE	D			
ВУ	1 Netural 5 Pending 2 Accident Investigation	М	1 YES 2 NO						
ED	6 Could not be building, atc. (Specif	— At home, ferm, street, fector fy)	ry, office	26t. LOCATION (Street City or Town, Stete)	end Number or R	ural Route Number,			
				1					
PL	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge (Check only 1 CERTIFYING PHYSICIAN).	edge, death occurred at the tim	ne, date end plece, end du	re to the cause(e) end me	nner ee stated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the beele of exemination	end/or investigation, in my op	Inlon, death occured at th	e time, date end place, er	nd due to the cer	use(e) end menner se stated.			
ш	29b. SIONATURE AND TITLE OF CERTIFIER		29c. LICENSE NO		29d. DATE SIG	GNED (Month, Day, Year)			
00	5. c. We K. Wall	er Residen	+ NIS	43	D 2/1	146			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	0 1						
	Kevin A. Walter, Bayvier	~ Medical	anter E	astern Ave	Balt	more, MD			
i	31. DATE FILEO (Month, Day, Year) 33. REGISTWAR'S SIGNA	TURE							
	FFR 02 1996 Juli Devoter	Roofell							



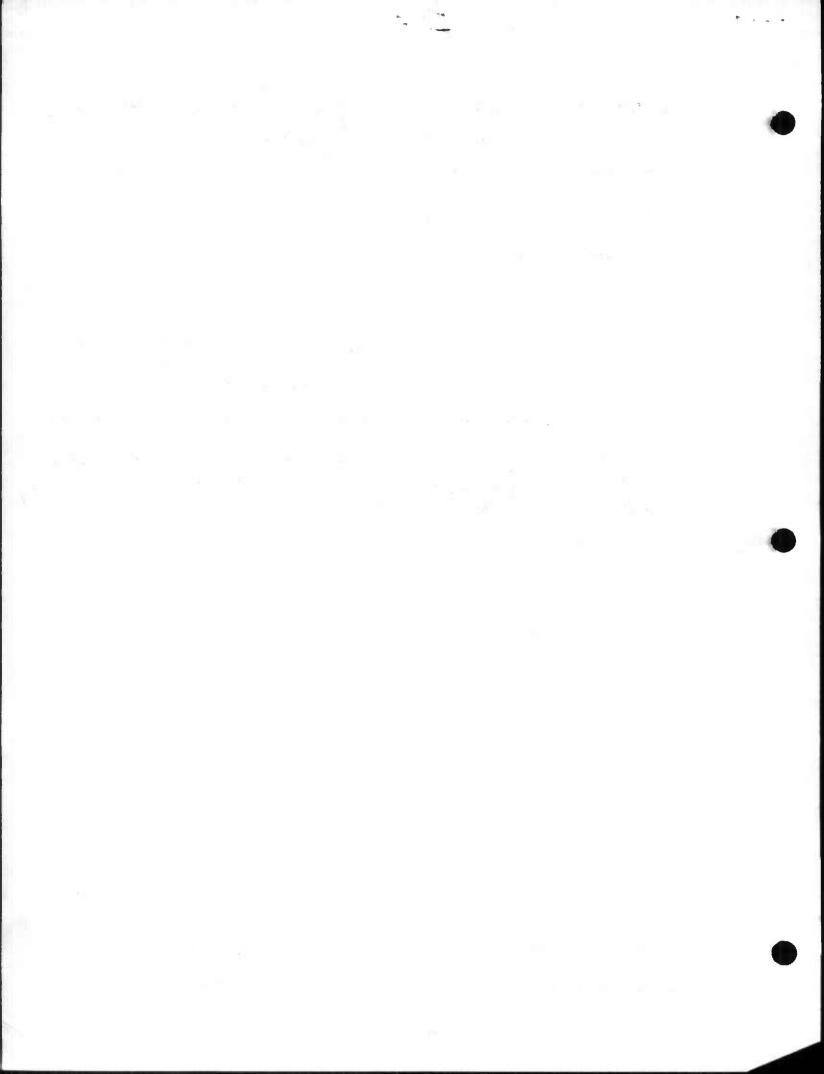
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02544 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Yaar Ardine Sye 29 Murtle 3:50 AM JANUTARY 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4h. City. Town, or Location of Death 4c. County of Death Examiner Sinai Hospital of Baltimore Baltimore N/A H Under 1 Year If Under 24 Hrs. 8. Deta of Birth
Months Days Hours Min. (Month, Day, Year)
Dec • 26, 1921 Maryland 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1 □ M 2 0 F 74 217-14-9205 Yrs. Director Usual Rasidance of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show adical Examiner must be notified at 10d. Inside City Limits Maryland N/A Baltimore 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 107 N. Carrollton Avenue 21223 USA death Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? Was Decadant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. Peges 1 and 2 should be filed within 72 hours effer or nent of Health and Mental Hygiene. Int: If Item 27 is marked other than "natural", or Item 1 □ Nevar Married 2 □ Married 1 Yas 2 No Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 XWidowad 4 ☐ Divorced Black. Completed the Medical 15. Dacedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Senior Citizen Placement Officer 12th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumame) Be Welford Robinson Viola Johnson traumatic 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Peges 1 end 2 s
Department of Health an
Important: if item 27 is a
any injury or other trau Rev. Herbert Sye, Jr.-son 7408 Jody Knoll Rd., Randallstown, MD 21244 20a. Method of Disposition 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata Arbutus Memorial Park 2/3 5 XOthar (Spacify) Crypt Arbutus, Maryland Funaral Sarvice Lice/Se 22. Nama and Addrass of Facility Leroy O. Dyett & Son Funeral Home, Inc. 4600 Liberty Heights Ave., Balto., MD21207 Enter the disease, or complications that crused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or near failure. List only one cause or each line. Approximata Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Cardionyopathy Examiner Dua to (or as a consequence of): Examiner sician end burial-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated avents rasulting in daath) Last Due to (or as a consaguance of): physician s the burial Box 68760, Physician/Medical Dua to (or as a consequence of) 98 signed by the et Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.0. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. ρ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1X Yas 2□No 1 ☐ Yas 2 No ysician: director. 25. Was casa raferred to medical axaminer? Be 26. Place of Death (Check only one) Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No funeral Attending P 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Attef 5 Panding investigation 1 XNatural 2 Accidant death. 1 ☐ Yes 2 ☐ No ofter death 6 Could not ba 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Spacify) in by 4 Homicide 0 within 24 hours off To the Funeral Dil completely filled in Hospital edicai 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a, Certifian (Check only one) ş 29b. Signatura and titla of certifian 29c. Licansa numbar 29d. Data signed (Month, Day, Year) A52402321659944 Javerary 29 1996 30. Nama and address of person who completed ceuse of death (Itam 23a) (Typa, Print) 2401 West Belindere Avenue Baltimore Maryland 21215 31. Data filed (Month, Day, Year)

State Registrar

FEB 0 2 1996

32. Ragistrar's Signatura Whi Develor Rantell



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				State of	Marylar				lealth a Death		lental Hyg	giene 9 Reg. No.	6	025	45
	Physici	on.	Decedent's Neme (First, Middle, La	st)							2. Dete of Dee Month		Yeer		of Death
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	Examir	ner	4e. Facility Neme (If not institution, give							-	ocation of Deeth	4c. Count	y of Death		
_			The Johns hopks 5. Social Security Number 8. S			lest birthdey)	If Under		Baltı If Under:				O Dist	-l /04-/	6
	Funeral Director			M 2□F	67	Yrs.	Months	Deys	Hours	Min.	8. Dete of Birth	1 <sup>Y</sup> 9228		-	e or Foreign
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	he M	ecto					_		,						es 2 INO
	With we	Funeral Director	10e. Street and Number 1017 Sextant Cour	:t			10f. Zip	1401				10g. Citizen of U:	What Cou SA	intry?	
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21215-0020	iral,	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dete	1947		1 Li Yes	SIMINO	Specify:			Speci	v: Wh	ite	
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/lar	should be filled within 72 hours after death with the Manyland not Mental Phyllene.  marked other than "natural", or itema 23e or 28e-f show unatic event, the Madical Exprision must be notified at	ToB	Abraham Schwaitzh	perg					Reb	ecc	a Bloom				
Maryland	0 0 0 0		19e. Informent's Neme/Reletionship ( Linda Schwaitzber			19b. Mellii	ng Address	(Street	and Numbe	r or Rur	al Route Numbe	r, City or Town			
	other tr			20e. Method of Disposition  1  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑  ↑			1017 Sextant Court, Annapolis,  b. Plece of Disposition (Name of Dete 20c						, MD 21401		
nor	00-		1 Buriel 2 ☐ Cremetion 3 ☐		10	terans	metory or o	ther plea			2/5/96				
Baltimore,	고투쿠를		21. Signeture of Fugeral Pervice Licensee 22. Name and A								2,3,30				
ñ	Departiment Important	9	Datt 1/	will		H	ardes	ty F	unera	1 Ho	ome, P.A				
W	111-31		23a. Part1. Enter the datase, or com shock, or heert failure. List only	plications that cau	sed the deel	th. Do not ent	2 Rid ter the mod	geLy le of dyin	AVE.	Cardiec	napolis, or respiretory an	MD 21 rest,	401	Approxim	ate
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/Medical Immediate Cause (Finel disease or condition as Se PS i S										1	3 2	up			
		-a	resulting in deeth)		Due to (	or es a consec	quence of):						1	,	·
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o`	ate be executed hysician and he burial-transit	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	7	2 + r	a a consec	Quence or):	0	6001	lin.	saney		i	1 ma	venths
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ğ X	ss that the death certifical igned by the attending phy be detached for use as th	Physician/Mec	L	d											
9	attend for us	cian		0.											
J.	es that the derigned by the a	hysi	Part II. Other eignificant conditions of	ontributing to deat	h but not res	uiting In the u	nderlylng c	ause giv	en In Pert i.			obacco use co ′es 2□ No			
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0	ath. r: After e funer	ation	Neturei 5 ☐ Pending 2 ☐ Accident Investigation		Dey Year)	Injury	М		k? Yes 2 □ t	Vo					
DIVISION	r Atta ter de recto	Certification:	3 ☐ Suicide 8 ☐ Could not be determined	286. PIBCB 01	Injury - At h	ome, ferm, str	eet, fectory	, office			28f. Location (S City or Tow		ber or Rui	al Route N	umber,
ב	ottal o rai Di														
	Hosp 24 ho Fune stely f	edicai	29e. Certifier (Check only one) 2 Medical Exam	yeiclan: To the be niner: On the besis and menner	s of examine	owledge, deeth etion end/or Inv	occurred vestigetion,	et the tin in my o	ne, dete end pinlon, deet	d piece, th occurr	end due to the o ed et the time, o	ause(s) end m lete end plece,	anner as a	steted. to the cause	e(s)
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	Mec	29b. Signetury and title of certifier	3	atereu.		290	. License	e number		2	29d. Date signe	ed (Month,	Day, Year	)
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	16		30. Name end eddress of person who				Print)			, ,		0	-	0.	
1			DAVID A. GAR	Lin Stooder	Town	RR 1	011	7	ohr	Hopk	ino He	gatal	Bo	lfo, 1	DN
	Sta Registra		31. Date filed (102.1998ar)	LA CIRROTA	THE STREET	Mire				1		U		,	21205

Registrar

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 0759 am SKEETERS JANUARY 28 1996 HELEN 4a. Facility Neme (If not Institution, give street and number) 4b City Town or Location of Death 4c. County of Death of Mary Land Hospital Baltimore B
6. Sex 7 Age (In year least befinday) Months Days Houra Min. (Month, Dey, Year) Baltimore City 5. Social Security Number Birthplece (State or Foreign Country) Days 1□M 2□F 74 219-12-8717 05/04/1922 WashingtonDC Usuei Residence of Dacedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 ☐ No Anne Arundel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 300 Bishop Avenue 21225 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or Noff Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Raca - American Indian, Bieck, White, etc. 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☑ No Specify: Specify: Black 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Coilege (1-4or 5+) 5th Factory Waorker 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) William Swann Jannie Swann 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Neme/Raietlonship (Type, Print) 300 Bishop Ave, Baltimore, Maryland 21225 Augustine Bunch 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 2/2/96 Rest Cemetery Harmans, Md. 21. Signature of Fi 22. Neme end Address of Facility William C. Brown Community Funeral Home Journ 23a. Pert1. Eater the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, shock, or haert failure. List only one cause on each line. interval Between Onset and Deeth Immediete Ceuse (Final · RESPIRATORY ARREST diseese or conditto resulting in death) Donald & Wright MD Dua to (or es e consequence of): MANAGEMENT BY SECTION OF STREET FRACTURED MANDIBLE Due to (or as a consequence of): Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown 24b. Were autopsy findings available prior to completion of cause of daeth? 24e. Wes en autopsy performed? Yes 1 Yas 2 No 28. Place of Death (Check only one) Hospital: Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Deta of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1-25-96 2 Accident

**Physician** /Medical Examiner the deeth certificate be executed physician and the buriel-transit

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signed by the e

page 2

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Ather

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/ Chauth vector:

Division of Vital Records, P.O. Box 68760.

Attending Physician:

Examiner

Physician/Medical

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8

10

Certification:

edicai

**Physician** 

/Medical

Examiner

10e State

MD

**Funeral** 

Director

28a-f show

Director

Funerai

by

Completed

Be

"natural", or items 23a or 28a-f shov officel Examiner must be notified at

with the Maryland

deeth

Pages 1 and 2 should be filed within 72 hours after one to I Heelth and Mental Hygiene.

ulth end Mental Hygiene.

27 Is merked other than "r traumetic event, tre Men

item 27 I

도 8

Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated avents resulting in deeth) Lest

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Wes cese referred to medical exeminer? + Yes 2 No 27. Menner of Death 1 Natural

Investigation

8 Could not be 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

0912

1 Yas 2 No

Passengle in motor vehicle accident

Location (Street and Number or Rural Route Number, City or Town, State) Route 2 and College Parkway, Anne Arrendel County Tel Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

(Check only one) 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner steted. 29b. Signeture end title of certifier

31. Date filed (Month, Day, Year)

FFB 0 2 1996

3 Suicide

29a. Certifler

4 Homicide

29c. License number 29d. Date signed (Month, Dey, Year)

AU4176435A53089 JANNARY 28, 1996

30. Nama and address of person ROBERT

who complated causa of deeth (Item 23a) (Type, Print) 22 SOUTH GREENE STREET BALTIMORE, MARYLAND 21201

Registrar



Administration of the second o  Items1,24a,25 2-2-96 FilmG732 W.H.Per F/H & Doctor

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTI						YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Clemen	ta Elwanda <del>MPSON</del>	Simps	son			2. DATE OF D	EATH DAY		YEAR O.G	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs, last birthda)	) IF UNDE	ER t YEAR	IF UNDER	24 HRS.	Janua:		0,19		1:28 P. M	
	235-20-5244	1 🗆 M 2 🖔 F	7.4 YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	2. 1	921	Countr	st Virginia	
	9a. FACILITY NAME (If not institution, give s	street and number)	14	9b. CIT	Y, TOWN C	R LOCATE	ON OF DE				NTY OF D		
80	Franklin Square	2. Hospita	l	Rossville Baltimore							re County		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			ITY TOWN	OR LOCAT							10d. INSIDE CITY	
DIRECTOR	Maryland	Balti	more	111, IOWN	OR LOCAL	ION	ŧ	Essex			1 VES 2 NO		
FUNERAL	10e. STREET AND NUMBER		*	101. ZIP CODE						10g. CIT	IZEN OF V	WHAT COUNTRY?	
Ä	1000 Franklin A									Un	iitea	l States	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		13	If yes, sp		n, Maxica	HC ORIGIN? (Sp in, Puarto Rican, y:		or No-	14. RACE Black Speci	E — American Indian, k, Whita, afc. ity: White	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT	'S USUAL	OCCUPATIO	ON		16b. KINE	OF BUS	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5					7 <i>g</i>						
MPI	12 Years		Medic	al R	ecoru	ts		He	alth	i Car	re Cl	lerical	
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle		Sumame)			
BE	NOT KNOWN  199, INFORMANT'S NAME (Type/Print)							tie Van		-			
2		Putah						Route Number, Ci				and 21224	
	Mrs. Dianne L. Busch 611 S. Grundy Street Baltimore, Maryland 21224  20g. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Norme of DATE 20c. LOCATION — City of Town, State												
	1 & Burlet 2 Cremation 3 Removal from State Competery, crematory or other place)  4 Donation 5 Other (Specify)  Oak Lawn Cemetery 1/24/1996  Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	T Oute Lowy	22	NAME A	ID ADDRE	SS OF FA	CILITY					
	500	00						neral H e. Dun				alk, Inc. and 21222	
	25 PART T. Enter the diseases, or	complications the	of coused the death. De									Approximate	
	shock, Dr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	O (OR AS A COMBEQUIACE	lar	1	al	ly	taid	لم	0		Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	PART II. Other significant condition	ns contributing to	death but not resultin	g in the t	underlyin	g cause	given In	Part I. 24a.		AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
ICAL								1.0	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED												OF DEATH?	
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH	YES	NO [	UNC	ERTAI	ИП					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	-									
YSi	t TYES 2 NO	1V Inpetiant 2	☐ ER/Outpetient 3 ☐ DOA	OTHE 4   N		6 5 R	asidence	8 Other (Spe	ecify)				
ву Рн	27. MANNER OF ĎEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I		IME OF INJURY M	28c. INJ W0	PRK?	□ NO	28d. DESCRIB	E HOW II	NJURY OC	CURED		
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE ( building.	OF INJURY — At home, farr , etc. (Specify)	n, streat, fe	etory, offic			28f. LOCATION City or Tox	N (Street s	and Numbe	or or Rural i	Route Number,	
COMPLET	1		f my knowledge, death occurs									a) and menner sa stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER .	MB			29c, LIC	ENSE NUI	MBER 2 V		29d. DAT	TE SIGNED	(Month, Day, Veer)	
1	30. NAME AND ADDRESS OF PEASON WI	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (7)	rpe, Print)	n (	201	0	10	7	Ra	11	110 110.	
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	AR'S SIGNATURE	00	4)	50	10	NF	-UL	Da		MA VIS.	
	FEB 0 2 1996	fali do	wolsen Rendell										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are count. Flage 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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DHMH-16 Rev 1/89

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Item#1.G-film 732 State of Maryland / Department of Health and Mental Hygiene

per fh.2/2/96 P.C Certificate of Death

			F				Cer	titica	te or	Death	1		Reg.	No.			
ı	Physic	ian	Decedent's Name (First, Middle									2. Date of D Month		Day	Year		of Death
я	/Medi		MARY A			CHA						JAN.	-		1996	1:2	0 A.M
И	Exami	ner	4a. Facility Nama (If not institution	n, giva street and n	um <i>ber)</i>					4b. City, To	own, or L	ocation of Dea	ith	4c. County	y of Death		
			Stella Maris H							Balt					imore		
п	Funerai		5. Social Sacurity Number	6. Sex 1 ☐ M 2 ☑ F	7. Age	(In yrs. last bii		If Unda Months	r 1 Yaar Days		Min.	8. Data of E (Month, L	lirth Day, Ye	er)	9. Birthp	lace (State	a or Foraign
8	Director		214-74-0668	1 U W 2 X 1		99	Yrs.					Oct. 9	, 1	896	Hunga	ary	
	pu »		Usual Residence of Decedant  10a. State 10b. County			10c. City, Tow											
	show of all	_	,		•										1		City Limits
	N P	cto	Maryland	N/A		Ва	1tir	nore								X	s 2 No
	ith th	Oire	10e. Street and Number					10f. Zi	Code				10g.	Citizen of	What Coun	try?	
	23a	<u>a</u>	3302 Cliftmont	Avenue				2	2121	3			J	J.S.A			
	virs after death with the Manylan elf., or items 23a or 28a-f show Exactions mant be notified at	Funeral Director	11. Marital Status	12. Was Da	cadent Ev	ver In U,S.	13. V	Vas Dece Yes, spe	dent of I	Hispanic Or	rigin? (Sp	pacify Yas or No Rican, etc.)	10-		ca - Americ		
0	or it	F	1 Naver Married 2 Marr	if Yes G	2 ZNo					Specify					y: Whi		
8	72 hours after death with the Maryland natural; or items 23a or 28a-f show digal Examiner mail be notified at	d by	3 X Widowed 4 ☐ Divorcad	Year or	Dates:									Opeon	,		
21215-0020	f within 72 hours af llene. r than "natural", or the Medical Exam	Completed	15. Decedent (Spacify only highes	t's Education st grade completed	f)	16a	Deced	ent's Usu	al Occup	pation during mo: ed)	st of work	king	18b	. Kind of B	Business/Inc	dustry	
21		idu	Elementary/Secondary (0-12)	1	(1-4or 5+	)	lifa. D	O NOT u	sa ratire	nd)							
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pu	tal Hygl d other	Be	17. Fathar's Name (First, Middla,	Last)						18. Moth	er's Nam	e (First, Midd	la, Maio	dan Sumar	ma)		
<u>y</u> a	should by and Menta	2	Frank Hula							Anna	a Unl	known					
Maryland	2 8 9 8		19a. Informant's Name/Relations	hlp (Type, Print)		19t	. Mailin	g Addres	s (Straa	t and Numb	er or Ru	ral Routa Num	ber, Ci	ty or Town	, Stata, Zip	Coda)	
	Barr		Francis C. Tic	ha (Son)		13	45 V	Valke	er A	venue	, Ba	ltimor	e, N	Mary1	and 2	1239	
ore			20a. Mathod of Disposition	• EB		20b. Place o	f Dispos	sition (Na	ma of other pla	ice)		Date	20c	. Location	- City or To	wn, State	
Ĕ	Pages nent of mt: If its iry or o		1 Burial 2 □ Cremation 4 □ Donation 5 □ Other (S)	3 ⊔ Hemovai tron pecify)	n State	Holy R	ede	emer	Cem	eterv	1/2	7	Ba	1 t i mo	re, M	arv1	and
Baltimore,	permit. Page Department of Important: If i any injury or once.		21. Signature of Funeral Sarvice	Licensed						ass of Facil							
m	Depariment in any in an	1	1 Tolan Val	1//1	/					Fune				M	. 1 . 1	0101	
	111		23a, Part I. Entar the disease, or	complications that	caused t	he death. Do	not ante	or the mo	de of dvi	ms La	ne,	Baltime or respiratory	ore,	, Mar	yıand	Approxim	
я	Physician		23a. Par 1. Entar the disease, or shock, or heart failure. List	only one cause on	each line	),			,							Onset an	etween
	/Medicai		Immediata Cause (Final	CER	EBRO	VASCUL	AP Z	CCTI	ENT							day	- 5
	Examiner		disease or condition resulting in death)	a											<u> </u>	/	
	NITE OF	<u>ē</u>			D	ua to (or as a	consequ	uence ot)	:						i		
	certificata be executed ding physician and use as the burial-transit	Examiner		b								-			1		
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	ing After Tune	Certification:	1 Natural 5 ☐ Pendin	9 /	nth, Day		Time of njury		28c. Inju Wo		INI.	28d. Describ	e now II	njury occu	rrad		
Division	the the	cat	2 Accident Investig 3 Suicide 6 Could r	ot be	_/			М		Yes 2	INO	***	100				
$\leq$	or At after of Direction by	ŧ	4 Homicide datami	ined 298. Plac	ding, atc.	y - At home, fa (Specify)	ırm, stre	eat, factor	y, office			28f. Location City or T	(Streat	t and Num tata)	ber or Hura	/ Houte N	ım <i>ber</i> ,
	To the Hospital or At within 24 hours after of To the Funeral Direct complataly filled in by		200 Codilli		(									_			
-	Hospital 24 hours a Funeral D staby filled	edicai	(Check only 2 Medical E	g Physician: To the Examiner: On the b	basis of e	xamination an	, daath d/or inv	occurred estigation	at the ti	me, date ar opinion, der	nd place, ath occur	and dua to the red at the time	a cause a, data	e(s) and m and piaca,	annar as st	ated. the cause	e(s)
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Language of the Party of the Pa	2 1		30. Name and address of person v														
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	Sta Registr		FEB 0 2 1996	Jalia d	Registrar	s Signature	l										
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2549

		1 December 1	£ == 41	С	ertificate of	f Death		Reg. No.			
Physicia /Medica		Decedent's Nama (First, Middla,     WALTER	LaSI)	TIN	MONS		2. Date of De Month	Day	Yaar	Tima of Death  03:50 Al	
Examine		4e. Fecility Nema (If not Institution,		)		4b. City, Town, or I	Location of Death		of Death	V.J. 8 .V	
-	4	ST. AGNES HO  5. Sociel Security Numbar		ge (In yrs. last birthda	الار) If Undar 1 Yee	BALTIMO		th.	n/a	(Ctata or Foreign	
Funeral Director		265-50-0616	<b>☆</b> M 2□ F	<b>59</b> Yrs.	Months Devs		8. Date of Bir (Month, Da	1936	Georg:	(State or Foraign	
No to		Usuai Rasidance of Decedant  10e. Stete 10b. County		10c. City, Town or	Location		·		10d. lr	nside City Limits	
r 28a-f show	io	MD. n/	a	Baltin	ore				1	□ as 2 □ No	
or 28	5	10e. Street and Number		_	10f. Zip Coda			10g. Citizan of V	What Country?		
23a	era	4408 Old Fred	12. Wes Decedent			1229	nosit. Vac as Na		SA e - American In	dian	
a di	۵	1 Name Stetus 1 Nevar Married 2 Marrie 3 Widowed 4 Divorcad	Armed Forces?	?	It Yes, specify Cul	Hispenic Origin? (Siben, Maxican, Puarto Specify:	Puario Rican, etc.)  Black, Whita, atc.  Specify:  Black				
natural',	eted	15. Decedant's (Specify only highast	Education grada completed)	18a. De	cedant's Usual Occu	upetion a during most of wor	king	16b. Kind of Bu	usinass/Industr	у	
than	Completed	Elamantary/Secondary (0-12)  10th  17. Fathar's Nema (First, Middle, Le	Coilega (1-4or	5.4.)	n. DO NOT use ration	aller		Fence		ny	
0 0		Elijah Timmon:				18. Mothar's Nan	Spell		na)		
and and		19a. tntormant's Name/Ralationship Johnnie Timno	p (Type, Print) ns-brothe	19b. Ma	ailing Addrass (Stree	et and Number or Ru Cticut	ral Routa Numb	er, City or Town,	Stata, Zip Cod	e) 21229 , MD	
of Health if Itam 27 i		20a. Mathod of Disposition	-	comptent o	sposition (Nama of ramatory or other pi	(ace)	Date	20c. Location -	City or Town,	Stata	
Department of Important: If it any injury or once.		1 Burial 2 □ Cremetion 3 4 □ Donation 5 □ Othar (Spe			Cemete		2/2/96	Baltim	ore, Ma	aryland	
ysician		21. Signeture of Funeral Service Li 23a. Part1 Offer the diseasu, or ca shoot, or heart failure, List or	O. Ku	uu	4600 Li	Dyett berty He ying, such es cardiac	eights or raspiratory a	Ave	App	21207	
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Ne Funer pletely fill	20		Physician: To the best	tima, data and placa opinion, daath occu	laca, and dua to tha causa(s) and mannar as stated.  courred at tha tima, data end place, and dua to tha cause(s)						
See 3	3	29a. Certifiar 1☐ Certifying (Check only one) Medicat Ex	and mannar st	ated.				29d. Data signed (Month, Day, Year)			
To the Funeral Direct completely filled in by	-	(Check only 2 Medicat Ex	and mannar st	ated.		nse nu <i>m</i> ber		29d. Data signe			
within 24 hours eiter of To the Funeral Direct completely filled #TDY		(Check only one) 2 Medicat Ex	elle Kr	g and	29c. Licer	nse number		29d. Data signed	d (Month, Day,		

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Degible 2550 State of Maryland / Department of Health and Mental Hydiana

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	212-78-3987  90. FACILITY NAME (If not institution, give str	1 M 2 D F	34 VRS	MONTHS	DAYS HOURI		7. DATE OF BIRTH 1 . Day, Year)	8. BIRTHPLACE (State or Foreign Country)  MANUARUA  9c. COUNTY OF DEATH					
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7	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  206. METHOD OF DISPOSITION  206. METHOD OF DISPOSITION  206. PLACE AND DATE OF DISPOSITION (Name of DATE OF City or Town, State)												
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	23. PART I. Enter the diseases, or conshock, or haart failura. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only ona cause	on each line.	PS						Approximata Interval Between Onset and Daath Union			
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    Viction   Vict												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF D	OTHER:	nly one)				<u></u>				
	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		1	28c. INJURY AT		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, atd	NJURY — At home, ter c. (Specify)		1 YES	Z NO	281. LOCATION (Sirbs City or Town, Stell		Rural Route	Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED						o to the cause(e) end m			d menner ee stated,			
8	29b. SIGNATURE AND TITLE OF SERVICE	N N	10		29c. I	DENSE NU	156G	29d. DATE 5	SIGNED (Mo	onth, Day, Year)			
5	Men West	COMPLETED CAUSE	OF DEATH (ITEM 27)	Pring) Less Lux	town	12	1 #365	- 4	-31/	-			
	31. DAFEB 0 2 1996	Jalia d'acceles	or Kardall										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item#1.G-film 732 State of Maryland / Department of Health and Mental Hygiene Per FH. 2/2/96 P.C Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month Day Vaar **Physician** BESSIE L. VAUGHN 1996 Javan 30 /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not Institution, giva street and number) 4c. County of Death Examiner hts Da Himore If Undar 24 Hrs. 8. Date of Birth (Month, Day) If Undar 1 Yaar 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1□M 25 F 215-46-649 Yrs Director Usual Residence of Decedent with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at 1 Yes 2 No Director NA 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 23a or U. S.A 21207 12. Was Decedent Ever In U.S. Armed Forces? 4007 Funeral death permit. Peges 1 and 2 should be filed within 72 hours after dea Depertment of Health and Mental Hygiene. Introcremit: if Item 21 is marked other than "naturel", or items any Injury or other traumatic avant. 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marital Status Black, White, atc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No þ Black 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) tomemaker 12th grade 17. Father's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Lotton 2 19e. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) teights Salto bunes 21207 aughan 20b. Placa of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State hatery, crematory or other place 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility 21215 Balto, Mel 0 Part Enter the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) ULMONAMY Examiner Due to (or as a consequence ot) Examiner attending physician and for use es the bunel-transit Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot) The law requires that the death certificate be Physician/Medical Due to (or as a consequence of) the Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen s hes certificate 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ☐ ER/Outpatient 3 ☐ DOA 1 Inpatient 28b. Time of Injury funeral 27. Manner of Deeth 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28c. injury at Work? Medical Certification: within 24 hours efter death. 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicide

Division of Vital Records, P.O. Box 68760, the Hospital or Attending Physician:

29a. Certifier 1🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and menner as stated. 2 Madical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. (Check only one) 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Dey, Year)

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30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 31. Date tiled (Month, Dey, Yeer) FEB 0 2 1996

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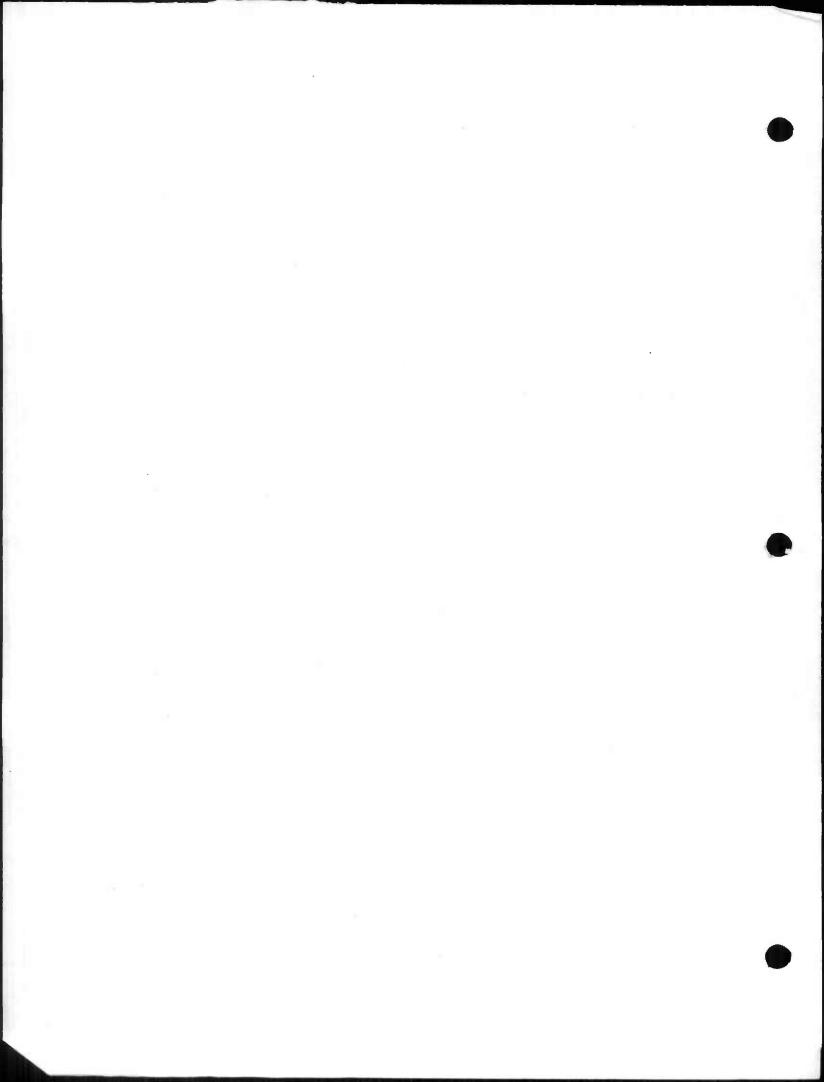


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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF O	DEATH		EAR 3.	TIME OF OEATH	
	THERESA SOPHIA	V					Januar		, 199	6 1	AM	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	MONTHS	DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De	y, Year)		Country)	CE (State or Foreign	
	212-12-9657		94	YRS.			March	23,1	901	Mary]	and	
, l	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
DIRECTOR	Holly Hill Mano	r		To	wson				Bal	timor	'e	
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	disease or condition resulting in death)  Renal Facture  DUE TO (OR AS A CONSEQUENCE OF):										lace	
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<u>র</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury											
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PERFORMED?									CO	MPLETION OF CAUS		
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State of Maryland / Department of Health and Mental Hygiene 96 02

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o`	en e		Sequentially list conditions, if any, laading to immediata cause. Entar Underlying												
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ŏ		In/M			d										
m	d for	icia	Part tt. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part i. 23b. Did tobacc									ahaaa	Co use contribute to the cause of death?		
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_	ng P	 	27. Manner of Death 1 ⊠Natural 5 □ Per	ndina	28a. Dáta (Mor	of injury oth, Day Year)	26b. Time of Injury	28	c. Injury Work	et ?	2	26d. Dascribe h	ow Injury occu	rred	
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Division of	er de	Certification:	3 ☐ Suicide 6 ☐ Co 4 ☐ Hornicida det	uid not be ermined		e of Injury - At h		aat, factory,	office		2	28f. Location (S City or Tow		ber or Rura	l Route Number,
٦,	of and Did	Če				mig, oto. (Dpaoi	'97					Ony or Ton	,, o.o.o,		
	To the Heaptal or Attanding Physician: To the Principal Director After this certific, completely filled in by the funeral director,		29a. Certifiar (Check only 2 Medi	lying Phy	elcian: To the	best of my kn	owiedga, death	occurred at	t the time	a, deta and	piace, a	and dua to tha	ause(s) and m	annar es st	ated.
-13	n 24 n 24 ne Fu	edicai	one) 2 Medi-	al Exami	ner: On tha b and man	asis of axamina nar steted.	ation and/or in	vastigation, i	in my op	inion, daat	h occurre	ed at the time, o	lete and place,	and dua to	tha cause(s)
	To the Tourn	ž	29b. Signature and title of cer	199-		ATTES	Ding	29c.	Licensa	number		-	29d. Dete signe	ed (Month, I	Day, Year)
				NIC	KMELL		1	D	47	762	2		2/2/	96	
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96 02555 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 WILLIAM A. WADE Jan. 5:30 a. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Aug. 25 219-20-8835 1 M 2 F 69 YRS. 1926 Baltimore, MD. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FT HOWARD VA MEDICAL CTR. DIRECTOR FT HOWARD MARYLAND RESIDENCE OF DECEDENT 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD FT HOWARD 1 TYES 2 NHO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9600 NORTH POINT ROAD 21052 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxicen, Puerto Ricen, etc.)

1 YES 2 YO Specify: ☐ Never Married 2 ☐ Merried FORCES7 1.23 YES 2 100 IF YES, GIVE WAR OR DATES 9-27-50/10-18-52 ВҰ Specify: 3 Widowed 4 Divorced Specify. BLACK ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5TH UNK UNK once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 70 WILLIAM WADE BE MARY ELEVIBTH notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VAMC FT HOWARD 9600 NORTH POINT ROAD FT HOWARD MD21052 pe 20a METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State cemetery, cremetory or other place CROWSVILLME 4 Donation 5 Other (Specify) -96CROWNSVILLE MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY IRVIN CARROLL FUNER AL HOME Irven Carroll 1712 W NORTH AVE BALT) medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximate shock, or hasrt failura. List only one cause on each line. intarvai Betwe IMMEDIATE CAUSE (Final Onset and Death the disease or condition CHRONIC RENAL FAILURE event, resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): traumatic DIABETES MELLITUS CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immedista cause. Enter UNDERLYING ALCOHOL ABUSE CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 9 Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE G.I. BLEED, CONGESTIVE HEART FAILURE any 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO 1X Inpetient 2 - ER/Oulpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural м 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, alc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be COMPLETED 4 Homicide 28 determined 29e. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ea stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II (Check only one) 2 \_\_ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ma 194 2

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Studen

9600 NORTH POINT ROAD, FORT HOWARD,

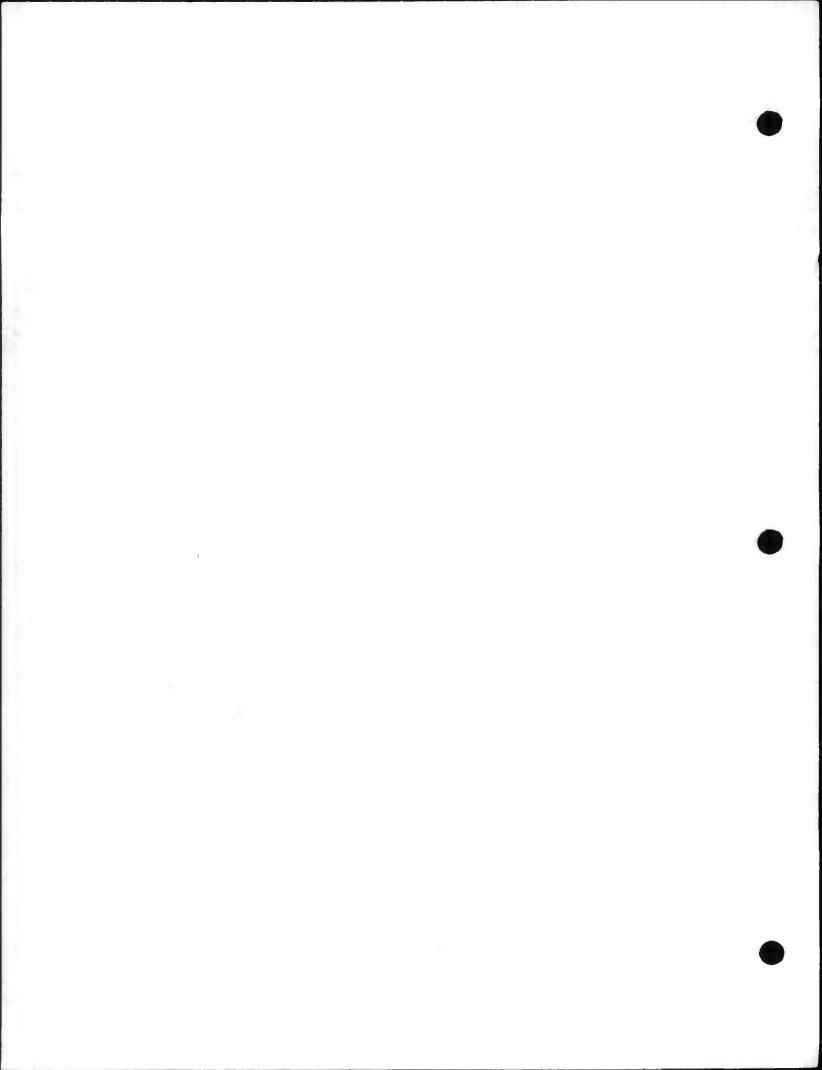
AUGUSTIN

CHYU.

31. DATE FILED (Month, Day, Year)

0 2 1996

MARYLAND 21052



ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-732 2/9/96 t.t

State of Maryland / Department of Health and Mental Hygiene

**Physician** /Medical Examiner

Director

Funeral

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Completed

Be

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Examine

Physician/Medical

by

Completed

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Certification:

Medical

State

Registrar

**Funeral** Director

with the Maryland 28a-f show the Medical Examiner must be notified at 6 items 23s e filed within 72 hours after death at Hygiane.
other than "natural, or items 23 giane.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any liqury or other treumstic event 2008.

Baltimore, Maryland 21215-0020

**Physician** /Medicai Examiner

Attending Physician: The law requires that the death certificate be axecuted P.O. Box 68760, attending physician for use as the buria signed by Division of Vital Records, certificate this funeral After death. Director: filled in by the 6 within 24 hours a To the Funeral C completaly filled 흞

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Dey Month Year WILLIAMS BRANDIE 31,1996 JANUARY 2:20P.M. 4a. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death RANDALLSTOWN
ar If Under 24 Hrs. 8. Data or
s Hours Min. (Month) NORTHWEST HOSPITAL CENTER BALTIMORE COUNTY If Undar 1 Year 7. Aga (In yrs. lest birthdey) 5. Sociel Security Number 6. Sex 8. Data of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Deys 1□M 20 F Months 219-43-1269 Yrs. 0 a Apr.6,1995 Balto., MD Usual Rasidance of Decedent 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits MD 1 ☐ Yas 2X No Baltimore Woodlawn 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 7100 bexhill Road 21207 USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No. If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien, Black, White, etc. 1 Yes 2 No
If Yas, Giva
Yeer or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 X No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) n/a n/a n/a n/a 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Sumame) Robert Williams, Sr. Catina Davis 19a. Intormant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Robert Williams, Sr. 7100 Bexhill Road, Woodlawn, MD. 21207 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Buriel 2 ☐ Crametion 3 ☐ Ramoval from State 2/3/96 Randallstown, MD 5 ☐ Othar (Specify) King Memorial Park 21. Signeture Funaral Service License 22. Nama and Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, INC. 4600 LIBERTY HEIGHTS AVENUE BALTO., MD Part 1 antar the disease or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. St only one cause on each ne. Approximata Interval Between Onsat end Death Immediata Causa (Final **ASPHYXIA** disaasa or condition rasulting in deeth) Dua to (or as a consequance of): HANGING Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Diseasa or Injury that initieted evants rasulting in death) Lest Dua to (or es e consequance ot): Dua to (or as e consequence of): Part ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wera autopsy tindings svellable prior to completion of cause of daeth? Yas 2□ No

25. Was casa refarred to medical 1 Yas 2 No

27. Mannar of Deeth

1 Natural

2XX Accidant

4 Homicida

3 Suicida

29a. Certifiey

1 ☐ Inpatient 2 XER/Outpatlent 3 ☐ DOA 5 Panding

28a. Data of Injury (Month, Day Year) invastigation 1-31-96 8 Could not be detarmined

28b. Tima of tnjury **UNKNOWN** M 28a. Placa of Injury - At homa, tarm, streat, fectory, office building, atc. (Specify)

HOME

28c. Injury at Work? 1 ☐ Yas XX No

111 Penn Street, Baltimore, Maryland 21201

28. Placa of Death (Check only one)

Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 28d. Dascribe how injury occurred FOUND HANGING FROM SHOESTRING ATTACHED TO PACIFIER IN PLAYPEN 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 7100 BOXHILL RD.

WOODLAWN, MD. 1 Certifying Physician: To the best of my knowledge, daath occurred et the tima, data and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at tha tima, data and place, end due to the causa(s) and mennar statad.

(Check of 29b. Signature wid titla of certifian

29c. License number O.C.M.E.

29d. Data signed (Month, Dey, Year) FEBRUARY 1,1996

30. Neme and addrass of person who complated causa of death (Itam 23a) (Type, Print)

AFON 31. Data filed (Month, Dey, Yeer)

32. Registrar's Signatura

FFR 02 1996

Sh. Eleon Radall

My)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN The

MPORTANT

2

31. DATE FILED (Month, Day, JAN 1

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURES
Jaha Dawler Mardall

MICHAEL A. MOSKEWICZ, M.D.

9 1996

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5	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	OUL	De
4	7	2	=
TOTAL OF THE CONTROL	RA	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-
3	3	ij.	Z
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pinou

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S HAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH ANDERSON JAN ESTELLE MOWBRAY 2040 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Nov. 15 1912 8. BIRTHPLACE (State or Foreign Maryland 216-18-7906 1 - M 2 K F 9a. FACILITY HAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Dorchester DIRECTOR Dorchester General Hospital Cambridge RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cambridge Dorchester Maryland 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21613 1001 Race St. U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes. specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IH U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 X NO 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 X NO BY Specify Specify: white 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY ary (0-12) College (1-4 or 5+) publishing company bookkeeper 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Suman Alverta Fitzhugh George Mowbray BE 19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs. Judy A. Vickers 1001 Race St. Cambridge MD 21613 20s. METHOD OF DISPOSITION

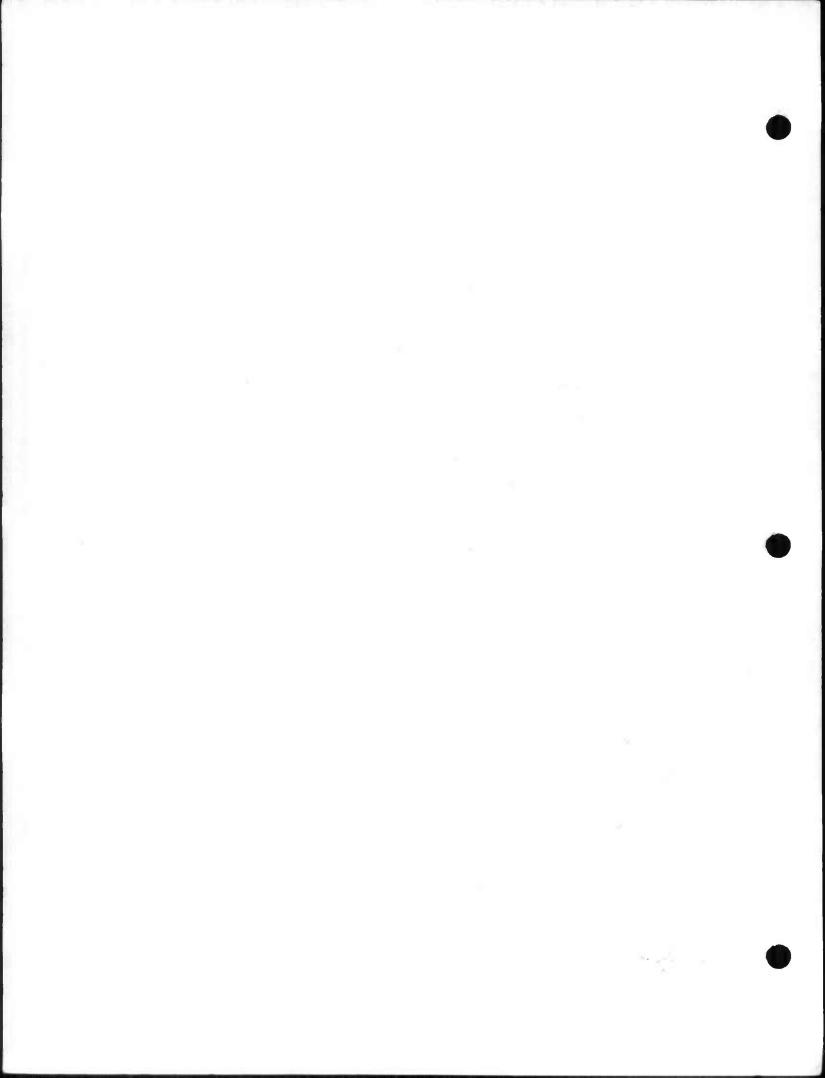
1 Burlai 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Green Lawn Cemetery Cambridge Maryland 1/2022. HAME AND ADDRESS OF FACILITY
Thomas Funeral Home 21. SIGNATURE OF FYNERAL SERVICE LICENSEE Kenett R Thomas 700 Locust St. Cambridge MD 21613 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ALC I DENT CEREBLAL VASCULAR 30 MILLINGS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ATHERO SCLEROSIS 4 EARS PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate HYPEB TENSION cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events YEARS DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CALIFIE OF DEATH? DIABETES 1 - YES 2 NO 1 TES TO NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO nt 2 - ER/Outpatient 3 DOA ng Home 5 - Residence & - Other (Specify, 27. MAHNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation 1 TES 2 NO BY 3 Suicide 28a. PLACE OF INJURY -- At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hickarla. Mostower D-16609 JANUARY 19, 1996

503 BYRN STREET

CAMBRIDGE, MD

by the hospital or attending physician.	1 be detached for use as the burial-transit permit. Pages 1, 2, 3 should		l at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	led within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT: If item 28

1, DECEDENT'S NAME (First, Middle, Last)		OLIT	TIFICATE	- OF	DEAT	-	2. DATE OF	REG. NO.			3. TIME OF DEATH	
	Myra Ed	lith	ANDER	RSON				ary 9	199	YEAR	7:15 A.	
4. SOCIAL SECURITY NUMBER		In yrs. lest birth			IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign	
211 10 1201		98 Y	RS. MONTHS	DAYS	HOURS	MIN.	May 2	28, 1			Maryland	
9a. FACILITY NAME (If not institution, give stre		Jontor	9b. CITY		R LOCATIO		ATH		9c. COUN			
Northampton Mand	or Nursing (	enter		rre	deric	:K				rrec	derick	
ton. STATE tob. COUNTY  Maryland Fre	ederick Frederick									10d. INSIDE CITY LIMITS? t X YES 2 NO		
100. STREET AND NUMBER 1421 Taney Avenue				101	ZIP CODE	2170	01		tog. CITIZ	ZEN OF V	U.S.A.	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO		If yes, sp		, Mexicar	IC ORIGIN? ( n, Puerto Ric		or No-		- American Indian, t, White, atc. White	
15. DECEDENT'S EDUCA (Specify only highest grade or		(Give ki	ENT'S USUAL Or nd of work done IOT use retired.)	CCUPATIO	ON st of working	9	16b. K	IND OF BUS	INESS/IND	USTRY		
6		An	tique d	deal	er		Ar	ntique	e ret	ail		
17. FATHER'S NAME (First, Middle, Last)					}		ME (First, Mid	dle, Maiden	Surname)			
Charles Stitley		405.446	ILING ADDRESS	2 (0)			Eyler	A11 A				
William Brown			5 Pine								701	
20a. METHOD OF DISPOSITION 11- Burlel 2 Cremation 3 Remov	ral from Stata 20th cen	PLACE AND I	DATE OF DISPOS	SITION (Ne	me of		DATE	20c. LO	CATION —	City or To		
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE A. /	M0002	22. F	NAME AI	ey an	s of fac	asford	Fund	eral	Home	2	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUEN	CE OF):								Onset and De	
PART II. Other algnificant conditions  ALZHE  DIAG  DID TOBACCO USE CONTRI	ites						1	4e. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL			DEATH (Check	only one)								
	HOSPITAL; 1   Inpetient 2   ER/Out	patiant 3 🗆 D	OA 4 X		e 5 🗆 Ra	aldenca	6 🗆 Other (S	Specify)				
			71145 05	28c. IN.	URY AT		28d, DESCI	RIBE HOW II	NJURY OCC	CCURED		
1  YES 2 NO  27. MANNER OF DEATH  15 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28	b. TIME OF INJURY M		RK? YES 2	NO						
1 U YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	/ — At home,	INJURY M	1 🗆	rES 2	NO NO	28f. LOCAT			or Rurel i	Boute Number,	
1 YES 2 NO  27. MANNER OF DEATH  11. Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	28a. DATE OF INJURY (Month, Day, Year)	r — At home, s	INJURY M	1	rES 2	and due	281. LOCATI	ION (Street a Town, State)	and Number	ed.		
1 YES 2 NO  27. MANNER OF DEATH  11. Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	r — At home, s	INJURY M	1	and place, leath occurrence 29c. LICE	and due ed at the	281. LOCATI City or to the cause time, data ar	ION (Street a Town, State)	ind Number	ed.	and menner as stated	
1 YES 2 NO  27. MANNER OF DEATH  11 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, etc. (Spe	r — At home, i	INJURY M arm, street, fac	1	and place, leath occurrence 29c. LICE	and due	281. LOCATI City or to the cause time, data ar	ION (Street a Town, State)	ind Number	ed.	s) and menner as stated	



BALTIMORE, MARYLAND 21215-0020	A hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit is State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68740	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin. A hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HO	TO THE FU	IMPORTA

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		-	0,1112 01			OF DEATH			TIME OF DEATH
- 1	C unthic	7. F	ellis And	OHLON		Tani	iary 2	1996	EAR	7:50P M
튀.	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
	579-58-0002  9s. FACILITY NAME (If not institution, give st	1 M 2 X F	51 YRS.	MONTHS DAYS	PR LOCATION OF D	Marc	ch 10,			ington, DC
œ	Doctor's Communit			Lanham	ON LOCATION OF D	EATH		2000		
DIRECTOR	RESIDENCE OF DECEDENT			Laillialli				FILL	Ce G	eorge's
H	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TION				100	d. INSIDE CITY LIMITS?
		e George's	Hya	ttsvill	_					X YES 2 NO
₹	100. STREET AND NUMBER				ZIP CODE					T COUNTRY?
FUNERAL	5700 40th Avenue				20781			U.S.		
3	11. MARITAL STATUS  1 [X] Never Married 2 [ Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic	en, Puerto		or No- 14	. RACE — Black, W	American Indian, hite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TES	2 X NO Spec	ffy.			Specify:	Black
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S			168	. KIND OF BUS	INESS/INDUS		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during mo e retired.)	st of working					
릴		5+	Medical	Transcr	iptionis	st S	elf-Em	ployed		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Meiden	Sumame)		
BE	Cleveland Anderso	on, Sr.			Cather	ine :	Broadn	ax		
10	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	l Route Num	ber, City or Tow	n, State, Zip Co	ide)	
F	Clayton A. Anders	on	1014 A	. Stark	Street,	Fre	derick	, Mary	1and	21702
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 N Cremetion 3 □ Reme	oval from State	PLACE AND DATE One lery, cremetory or at	her plecel		DAT		CATION — City	,	
	4 Donation 5 Other (Specify)	Me	tropolit	an Crem			96 Ale	xandri	a, V	irginia
	TI. SIGNATORE OF UNERAL SERVICE LIC	ENSEE			is Gasch		ons Fu	neral	Home	. P.A.
	touther les	m le du	4	1						MD 20781
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the death. Do n	ot enter the mo	de of dying, au	ch as csr	dlac or reapl	ratory arres	t,	Approximate
- 1	IMMEDIATE CAUSE (Final	0.50					,			Onset and Death
	disease or condition	abite hup	estennia	e Card	word	ulor	des	und		
	rooming in down,	OUE TO (OF AS A	CONSEQUENCE OF	):	-					
Z	Sequentially list conditions	b	_							
Ĕ	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):									
Ē	that initiated eventa resulting in death) LAST	DUE TO JON AS A	CONSEQUENCE OF	).						
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PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				IN 🛮				
CIA	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:						
YSI	16 YES 2 NO	1 Inpetient 2 I ER/Out	putlent 3 DOA		ne 5 Residence	6 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	URY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OCCUI	4ED	
B⊀	2 Accident Investigation	22 24 227 27 14 14 17			YES 2 NO					
E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)  261. LOCATION (Street building, etc. (Specify)						and Number or	Runal Rout	w Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the beat of my know	riedge, death occurre	ed at the time, date	and place, and du	ue to the ca	usels) and mai	nner as stated.		
2	CONTROL ONLY	R: On the basis of examination								nd manner as stated.
	290. SIGNITURE AND TITLE OF CERTIFIE				- APN. LICENSE NO			-		prith. Day, Year)
BE	(Husung 4)	minlus	mo		212	-71	2	many	toto ?	1991
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attending physician. BALTIMORE, MARYLAND 21215-0020 retained by the hospital or Page 6 may be 24 hours after death. P filled in by the funeral ion, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	×	ршо	I, cn	eve
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	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	Defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematis	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it
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FOR STATE REGISTRAR		STATE OF I	MARYLAND / CE	DEPAR	TMENT	OF H	HEALTH DEA	AND	MENTAL HYGIEI REG. NO				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DE	ATH
GRACE ELI	ZABETH	ALLE	N							16, 1	996	3:25	A
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or	Foreign
579-52-3012	2	1 ☐ M 2 🎇 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	July 31,	1900	Ber	wyn, MD	)
Se. FACILITY NAME (If not in	nstitution, give at	reet end number)			9b. CITY	TOWN	OR LOCATI	ON OF D		9c. COL	NTY OF D	-	
Sacred Hear	rt Home	2			Нуа	atts	vill	e		Pri	nce	George'	s
RESIDENCE OF DEC	CEDENT							-				- 0	_
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCA	TION					10d. INSIDE CI	TY
Maryland	Princ	e George	e's	Hya	ttsv	ille						LIMITS?	_ NO
10a STREET AND NUMBER						_	710.000					43	

DIRECTOR FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 5805 Queens Chapel Road 20782 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 X NO BY Specify Specify 3 X Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Tax Consultant Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Daniels Annie Bewley BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Gloria Pedevillano 9306 Davidson Street, College Park, Maryland 20740 20s. METHOD OF OISPOSITION
1 M Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 6 Other (Specify) Glenwood Cemetery 01/18/96 Washington, DC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. Macles 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. Interval Bety IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ CARDIAL AMPREST resulting in death) JUDDEN DUE TO (OR AS A CONSEQUENCE OF) VENTRICULAR FIBRILLATION CERTIFICATION SUDDEM Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 31CK JINUS SYNDROME YEARS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? MEDICAL SENILE DEMONITA 1 TYES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 - Inpetient 2 - ER/Outpetient 3 -27. MANNER OP DEATH 28c. INJURY AT WORK? 26e, DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Natural ВҰ 1 YES 2 NO Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) ED 4 Homicide COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 286. SIGNATIONS AND TITLE OF OF 29c LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) eli 08452 0 17/96 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peter M. Schissler, M.D . 7500 Greenway Center Drive #430, Greenbelt, Maryland 31. DATE FILED (Month, Day) 32. REGISTRAT'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. I	4
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

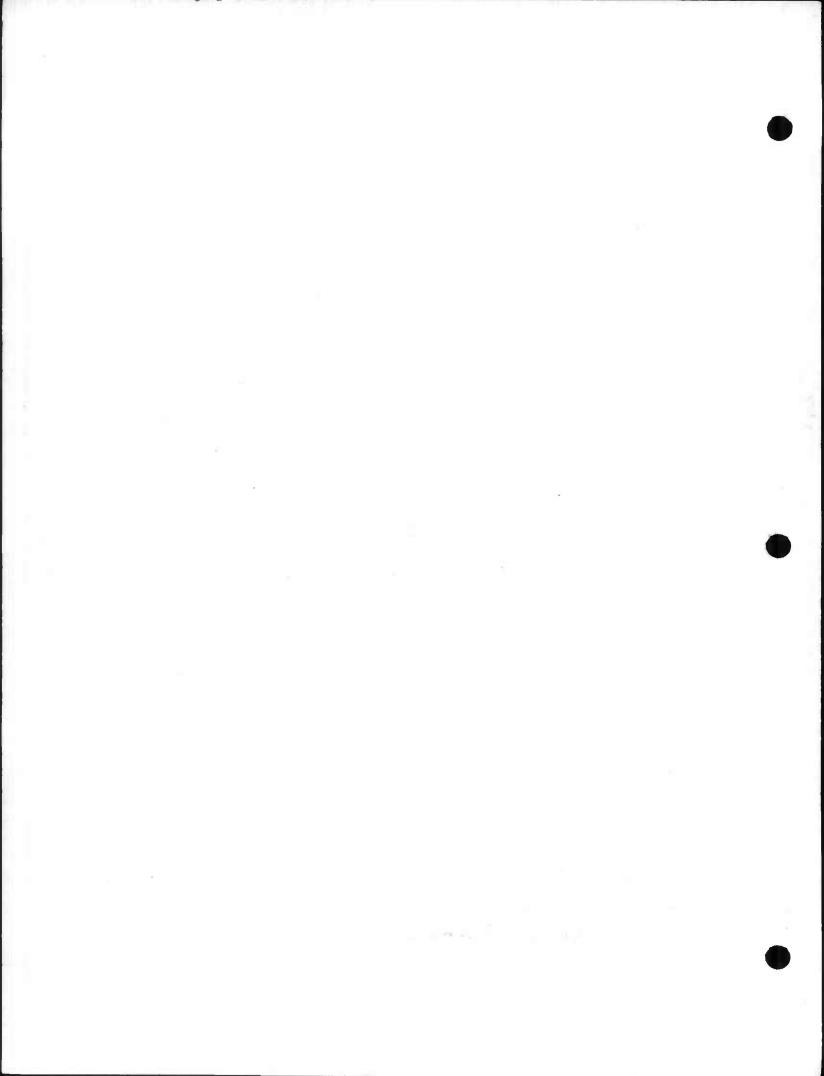
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Naomi	Butler	And	erson			3, 1996	11:12 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday) IF t	JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		PLACE (State or Foreign ry) Richmond,			
	231 01 0701	1 □ M 2 💢 F 76	"'W' /0 '''S June 16, 1919 Vii								
r	9a. FACILITY NAME (If not institution, give street										
DIRECTOR	605 Rollins Avenue RESIDENCE OF DECEMENT			Rockv1	ville Montgomery County						
	Maryland Montg	omoru Countu	,	WN OR LOCATI			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	Montgomery County Rockvil						1 K YES 2 □ NO			
FUNERAL	605 Rollins Avenue			107.	20852		United S				
2		12. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DECI		IC ORIGIN? (Specify Yas	of Ameri				
BY FI	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuban, Mexicar 2 X NO Specify	, Puerto Ricen, etc.)	Spec	E — Americen Indian, k, White, etc. //y: //hite			
בח	15, DECEDENT'S EDUCA	TION	6a. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUSTRY	MILLE			
2	(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give kind of work iffe. Do NOT use reti	done during mos	t of working	los kins or so	0.112.037.11.D0011111				
COMPLET	10	35.05g0 (1 4 51 5 7)	Homemake	r		Own 1	Home				
5	t7. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden					
BE	Guy V. Butler				Mabel G	race Boats	wright				
2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow					
	Orville McLeod And		-			ockville,					
	1X Buriel 2 Cremetion 3 Remove	al from Stata	LACE AND DATE OF DI ery, crematory or other p ottsville	sposition (Nai placa) Cemet	ne or erv		cation - City or To	Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LICEN		000071110	22. NAME AN	D ADDRESS OF FAC	ULITY					
	1 Lourant	Causan				ers Funera eet, Scott		VA			
	23. PART I. Enter the disesses, or conshock, or heart fellure. Listing IMMEDIATE CAUSE (Fine) disease or condition	st Dnly Dne ceuse on eec	th line.				200-1-200	Approximate Interval Between Onset and Death			
	resulting in death) e.	DUE TO (OR AS A C	ONSEQUENCE OF):	6	ASI	e Rhee	~~~~	in Jeans			
5	Sequentially list conditions,  b. OTIOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOTOT										
3	If any, leading to immediate cause. Enter UNDERLYING		years								
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):		-						
CERTIFICATION	d.	Percon	ary ?	200	a	_		87			
A	PART II. Other significant conditions contributing to death but not resulting in the undedying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO										
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AN I	DID TOBACCO USE CONTRI		DEATH YES		UNCERTAIN	1 🗆					
HYSICIAN:	EXAMINER?	HOSPITAL:	01	HER:		Least salv					
"	27. MANNER OF DEATN	1 Inpatient 2 ER/Outpati	28b. TIME OF	Nursing Nom-		6 Other (Specify) 28d, DESCRIBE NOW	INJURY OCCURED				
27	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO						
בח	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, atree	t, fectory, office		281, LOCATION (Street City or Town, State	and Number or Aural	Route Number,			
2	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowled	for death occurred at	the time date	and place, and due	In the gauge(a) and ma	mar as alated				
208	onel	On the beele of examination a						a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER	29d. DATE SIGNE	D (Month, Day, Year)			
מב	Daylosky	Toesanter,			A273	01	Singe	269,199			
-	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Prin	215	W. M	DUT GON	tern 1	ALA.			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAT	MAA TURA	ROG	KUILL	E MO	201	150			
	JAN 17 1996	Jalia Dhudear	Karlett								

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DIVISION OF VITAL RECORDS, P.O. BOX 6876  BALTIMORE, MARYLAND 21215-0020  THE DESCRIPTION OF VITAL RECORDS, P.O. BOX 6876	BALTIMORE, MARYLAND 21215-0020
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	idical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			IME OF DE	ATH
	Dorothy Ack	erman				Jan. 7 1	996	6	:10 A	м М
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (#	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTNPLAC	E (State or	Foreign
	186 20 8371  9a. FACILITY NAME (If not institution, give stre-	1 □ M 2 😿 92	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 17	,1903 K			
œ		•				ATN	Anne			
DIRECTOR	Crofton Convalescent Center Crofton Anne Aru									
Ä	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d.	INSIDE CI	TY
ā	Maryland Prince	George's	Вс	wie				100	YES 2	NO
A	10s. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY	?
E	6103 Sutters Place				20720		Unit	ed S	tates	5
FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify Y	s or No- 14,	RACE - A Black, Wh	mericen in	dian,
ВУ	1 Never Married 2 Married  \$\times \text{Widowed} 4  \text{Divorced}	IF YES, GIVE WAR OR DA	TES	1 TYES			1	Specify:		
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COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	mpleted)	(Give kind of we life. Do NOT use	ork done during mo:		16b. KIND OF BI	JSINESS/INDUST	RY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)								
N N	17. FATHER'S NAME (First, Middle, Lest)		Homemak	cer		Own 1				
	Carl Unthank					ME (First, Middle, Maide	n Surnama)			
BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS /Street s	Helen	BULTIS  Route Number, City or To	- Charles Tip Cond			
2	Elizabeth Wardrip			Sutter		Bowie Ma			720	
	20a. METNOD OF DISPOSITION	20b	PLACEANDDATEO				OCATION - City			
	1 Donetion 6 Other (Specify)	al Irom Stata cem	etery, cremetory or othe Etropolit	er place)			lexandr			าร์อ
	21. SIGNATURE OF FUNERAL SERVICE LICE					enry ens Funera				114
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	AGRAIL C.	- Uuma-	1)us			is Rd. Bo				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  All Lei mens  Differences of the disease of cardiac or reapiratory arrest, and the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and interval Batweet Onset and Death of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence of the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and consequence or cardiac or									
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AT	If any, leading to immediate cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDING.								/ Culou.co	
CAL		contributing to death b	at not resulting in	i die underlyng	Cadea Given in	PERF	PRMED?	AWA	LABLE PRIC	OR TO
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AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT		UNCERIAI	NLI				
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER				-		
HX8	27. MANNER OF DEATH	26a. OATE OF INJURY	26b, TIME			6 Other (Specify)	IN HIRY OCCURE			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WO	RK?					
ВУ	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF INJURY	— At home, farm, s			281. LOCATION (Stree	t and Number or R	tural Floute	Number,	
COMPLETED	4 Homicide B Could not be	building, etc. (Spec	ify)			City or Town, Stat	9)			
3	290. CERTIFIER , CERTIFYING PHYSICI	IAN: To the best of my know	ledge death occurre	d at the time date	and place, and due	to the anneals) and m	conserve an edited			
MP		: On the beels of exemination						use(s) and	menner a	s stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	Harma 111	' S. W 12	1 m	0	29c. LICENSE NUI	848	29d. DATE S	MED (MOI	9 S	mr)
2	30. NAME AND ADDRESS OF PERSON WINO	COMPLETED CAUSE OF DE	TN (ITEM 27) (Type.	Print)	20 0		1	10)	16	
	Howard K Schu		438 De		Hun	Gamba;	1/3 mm	212	57	
}	3t. DATE FILED (Month, Day, Year)	32 REGISTRER'S SIGN	ATUE				., ., .,			
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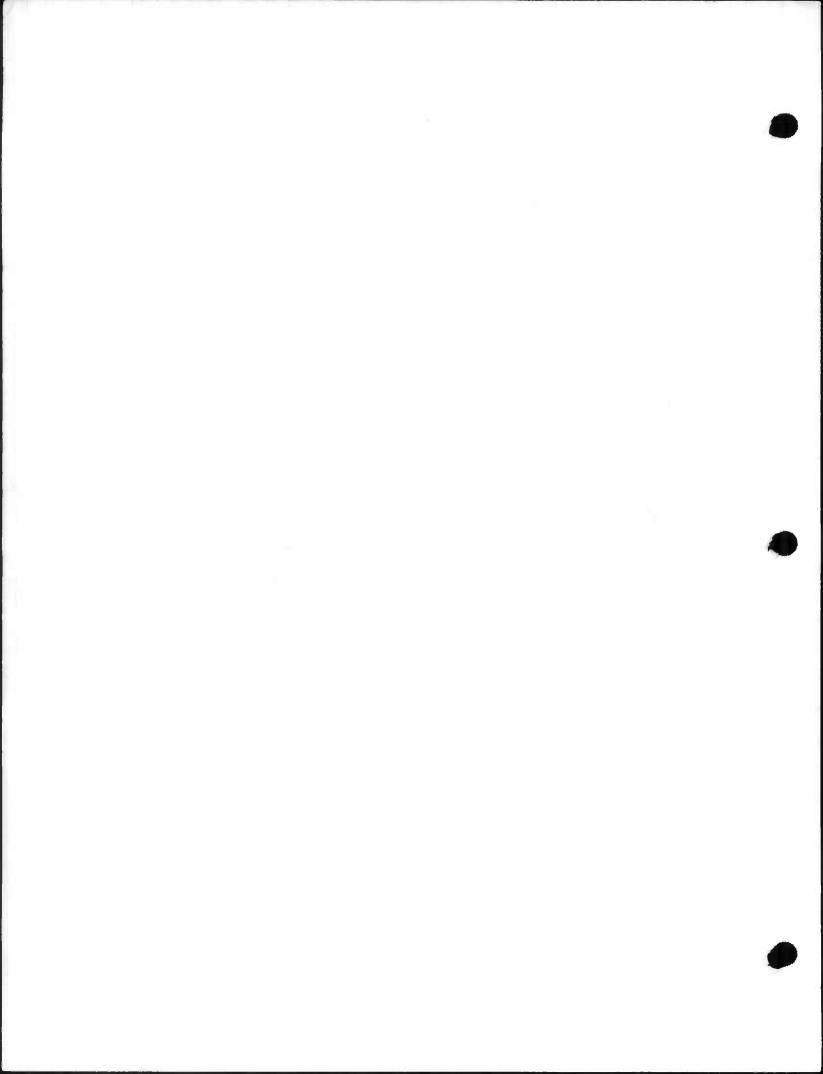
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ALTENDING PHYSICIAN: The Taw requires that the death certificate de executed within 25 mounts after beam. Page or may be readined by the rospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JAN 25 1996

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYL			TMENT				MEN	ITAL HYGIEN	_		
	1. DECEDENT'S NAME (First,	Middle, Last)				1.						ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	Enoch D.	Beau	ıchamp									an 18.	199		2:05 P M
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (I	in yrs. last	birthday)	IF UNDER			R 24 HRS.	7. 0	ATE OF BIRTH Month, Day, Year)		8. BIRT	HPLACE (State or Foreign
	220-09-670	4	1 <del>□</del> M 2 □ F		79	YRS.	MONTHS	DAYS	HOURS	MIN.		ug 24,	191		
	9e. FACILITY NAME (If not in		treet and number)				9b. CITY	TOWN C	R LOCAT	ON DF DI		<u> </u>	-	INTY OF	
<u>۳</u>	Chesapeake	Но о 1	lthoaro				Λ.	no1	d				An	na	Arundel
15	RESIDENCE OF DEC	EDENT											LAM	116 /	
DIRECTOR	10e. STATE	10b. COUNTY					Y, TOWN C								10d. INSIDE CITY LIMITS?
	MD	Anne	Arund	el		Se	vern								t YES 2 XND
₹	toe. STREET AND NUMBER							101	. ZIP COD						WHAT COUNTRY?
FUNERAL	542 Heavit	ree H	T						211				US	_	
15	11. MARITAL STATUS  1 Never Married 2	Marriad	12. WAS DECEDENT FORCES?	T EVER IN								RIGIN? (Specify Yearto Rican, etc.)	s or No—	14. RAC Blac	E — American Indian, ck, White, atc.
₽	3 Widowed 4 Dive		WWII	MAR OR D	ATES			I TES	2 XNO	Specif	y:			Spec	
60	15. DEC	EDENT'S EDU			16a DEC	EDENT'S	USUAL O	CCLIPATIO	ON			16b. KIND OF BU	SINESS/IN	DUSTRY	White
1 #	(Specify onl	y highest grade	completed)	.,	(Gh	ve kind of	work done			ing					
1 2	Elementary/Secondary (0	F-12)	College (1-4 or 8	"	E 1	ect	rici	an				Fede	ral	Go:	vt.
COMPLET	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (F	irst, Middle, Maiden	Sumame)		
	Benjamin F	'rank]	lin Boa	ucha	mn				Fr	ance	0.5	Ann K	ing		
BE	19a. INFORMANT'S NAME (		LIN Dea	<u>a c ir a</u>	_	MAILING	ADDRESS	Street s	·			Number, City or Tox		ip Code)	
2	Norma Beau	chamo	)		5	42	Heav	itr	66	H 1 1	1	Severna	Pa	rk l	MD 21146
	20a. METHOD OF OISPOSIT	ION	•	20b	. PLACE (	OF DISPO	SITION (No		_						own, State
	t Duriel 2 Cremetic		oval from State	_   M	etr		rema	tor	v			Cat	ons	vil	le, MD
	21. SIGNATURE OF TUNESTA	L SERVICE LI	CENSEE				22.	NAME A	NO ADOR	ESS OF FA		Υ			
	1 (	11	115									ns Fune			
-	23. PART J. Enter the d	Iseases or	complications the	of cause	the de	ath Do									rk MD21146
	shock, or h	eart failure.	List only one ca	use on e	ach line.								,		interval Between Onset and Death
2	iMMEDIATE CAUSE (Fit disease or condition	nal	12	euh		10									10 Days
	reaulting in death)	7	8	O (OR AS A			n:			,					
			Advan	need	/	AG	Zer:	ner	5 1	mel	211	•			2 Teers
CERTIFICATION	Sequentially ilet condit if any, leeding to imme		DUE TO	OR AS A	CONSEC	VENCE O	F):					,,			
N S	cause. Enter UNDERLY	ING	0												
Ĕ	CAUSE (Disease or injuting that initiated events		DUE TO	OR AS A	CONSEC	NUENCE C	F):								
	resulting in deeth) LAS	eT .	d												
3	PART il. Other aignifica	int condition	na contributing to	death h	eut not n	esultina	In the u	nderlyin	G CAUSE	given in	Part	I. 24e. WAS A	N AUTOPS)	24	b. WERE AUTOPSY FINDINGS
JA J	Chronie		troop						9 02200	groon		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					,							1 TYES	2 NO		DF DEATH?
Σ															1 YES 2 NO
N Z	25. WAS CASE REFERRED 1	D MEDICAL	Ţ					26 0	ACE OF	DEATH (C	back o	nh ann)			
PHYSICIAN: MEDIC	EXAMINER?		HOSPITAL:			C 200	OTHE	R:							
5 ×	27. MANNER OF DEATH		1 Inpetient 2		patient 3	28b. Til		_	JURY AT	Tesidence	_	Other (Specify)  1. DESCRIBE HOW	INJURY O	CCURED	
		Pending	(Month,	Day, Year)		IN	JURY	W	ORK? YES 2	□ NO	-				
B	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJUR	r — At ho	me, farm,	street, fac				281	LOCATION (Street	and Numb	er or Rurai	l Route Number,
COMPLETED	4 Homicide	Could not be determined		, etc. (Spe								City or Town, State			
E	29a. CERTIFIER	TEVINO DUVE	ICIAN. To the heat o	4	dida di	ath assure		- d-A	and also					and .	
MP	(Check only		ER: On the basis of												(s) and manner as stated.
8								V							
TO BE	29h. SIGNATURE AND TITLE	My	Aden	duy	Doc	tor			1	2 16	8	4	•	1-1	8-96
F	30. NAME AND ADDRESS D	F PERSON WI	D 160	USE OF DE	ATH (ITE	M 27) (Typ	e, Print)		BLR	NBU	eRA	VIB, M.	0 2	1061	/ -



retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 Раде 6 тау be ours after death.

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RECORDS, P.O. I	requires
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OF VITAL	PHYSICIAN:
DIVISION	ATTENDING
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-	E HOSPITAL
	144

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH IAM 2245" 11d -uc TA 7. DATE OF BIRTH (Worth, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 212-42-3244 YRS. Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9h CITY TOWN Wilson DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arundel 1 - YES 2 NO Arnold FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 864 Wilson Road North use as the burial-transit 21012 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XXX YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 X Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spi be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12+ Employee Food Industry once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Emory Bruce BE Etta Odensos page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. ConstanceBruce 864 Wilson Rd. North Arnold, e 20e. METHOD OF DISPOSITION
X N Burlel 2 Cremetton 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Donation 5 C Other (Specify) Haven Mem. Pk -1996Glen Burnie examiner 22. NAME AND ADDRESS OF FACILITY 21146 Batranco & 495 Ritchie Sons Funeral Severna MD been signed by the attending physician and completely filled in by the : xt. of Health and Mental Hyglene prior to burial, cremation, or removal. the medical er the diseases, or complithat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death IMMEDIATE CAUSE (Final distance or condition resulting in death) Wound DUE TO (OR AS A CONSEQUENCE OF) event, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 00 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES Dept. NO  $\square$ 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h Item HOSPITAL: 1 YES 2 NO

27. MANNER OF DEATH Inpatient 2 ER/Outpatient 3 DOA marked, or 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? JAN 16-17 1 Natural 5 Pending Shot 1 YES LINE BY 2 NO After 2 Accident Investigation 28e. PLACE OF INJURY — At he building, etc. (Specific TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After defined within 72 hours after de IMPORTANT: If Item 28 is in 28 is I 3 Suicide 281. LOCATION (Street a 8 Could not be determined COMPLETED 4 Homicide ome 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn 29c. LICENSE NUMBER 29b. SIGNATURE AND JITLE OF CERTIFIER BE 06054 2 ED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COL mo 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 25 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

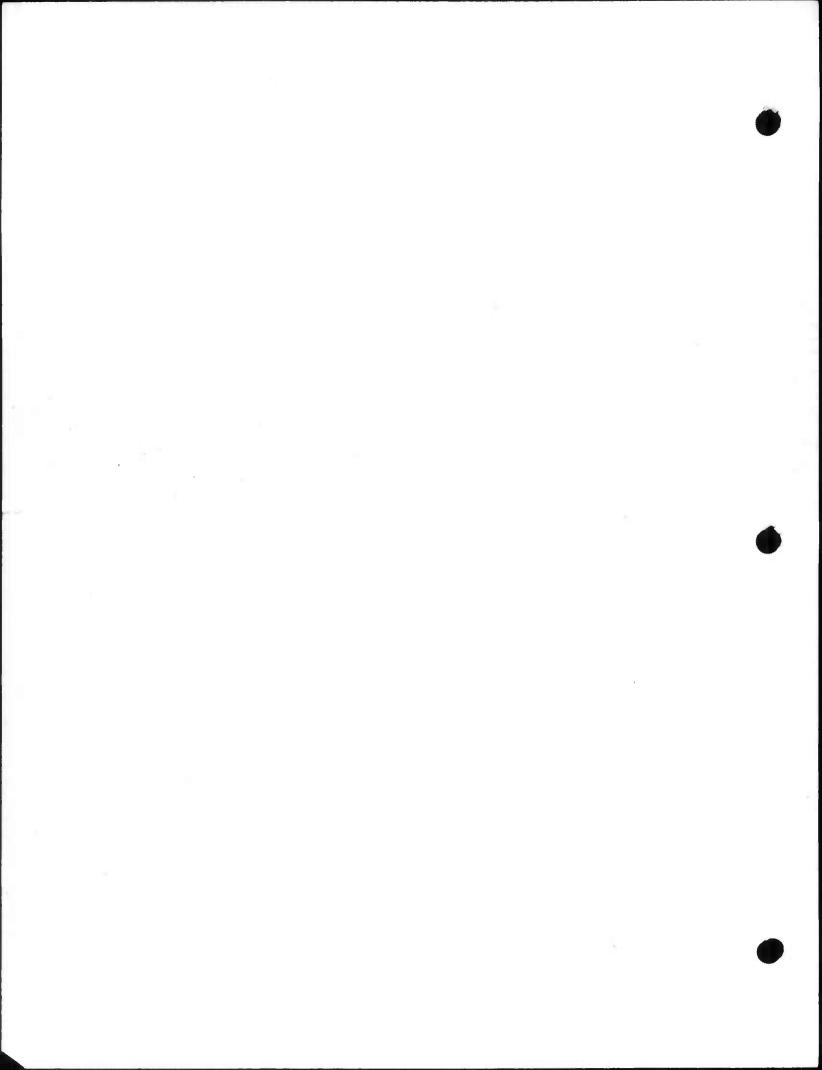
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Alice	Rooseve1	t	Burrie	r	January 1		996 5:25 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	-	8. BIRTHPLACE (State or Foreign			
1	215-20-9318	1 ☐ M 2 🂢 F	90 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) April 25,	1005	Maryland			
	Se. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOW	N OR LOCATION OF DE			TY OF OEATH			
E	Frederick Memoria	1 Hoonital		Freder				erick			
18	RESIDENCE OF DECEDENT	ii nospitai		Treder	ICK		rreu	elick			
DIRECTOR	10a. STATE 10b. COUNTY		10c, CF	TY, TOWN OR LO	CATION			10d, INSIDE CITY			
ā	Maryland Frede	erick	Fr	ederick				LIMITS?			
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
H	33 George Street				21793		USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS (		IIC ORIGIN? (Specify Yes		14. RACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cuben, Mexica ES 2 NO Specifi	n, Puerto Ricen, etc.)		Black, White, atc. Specify:			
ВУ	3 💢 Widowed 4 🗌 Divorced						- 1	White			
	15. DECEOENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	WORK done during	TION	16b. KIND OF BUS	SINESS/INDL	JSTRY			
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT L	ise retired.)	most or working						
<u>A</u>	6		self			homemak	er				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)				
BE (	Charles (NMN) Bro	own			Laura	Summers					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G AOORESS (Street	et and Number or Rural I	Poute Number, City or Tow	n, State, Zip (	Code)			
2	Patricia Ruthvin		33 Ge	orge St	reet, Wal	kersville,	MD	21793			
	20s. METHOD OF DISPOSITION		b. PLACE AND DATE		(Name of	14120 20c. LO	CATION — C	Ity or Town, State			
	1 X Buriel 2 Cremetion 3 Remo		metery, crematory or c	nel Cem	eterv						
	4 Donation 5 Other (Specify) Union Chapel Cemetery 1995 Libertytown, Maryla 21. SKIMATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home										
13.5	1621 Opossumtown Pike, Frederick, MD 21702										
_	23 PART I Foler the diseases or complications diet asset to a day of the day										
	ahock, or heart fellure. I	omplications/that cause list only one cause on e	ed the deeth. Do	not enter the i	node of dying, such	h aa cardiac or reapi	ratory arra	Approximata interval Between			
1	IMMEDIATE CAUSE (Final			. 7	11			Onset and Death			
	disease or condition resulting in death)	. Ventri	Color	anh	Morrie			1,			
- 1		DUE TO (OR AS	A CONSEQUENCE O	NF):	A			/			
Z	disease or condition resulting in death)  a. UW i (i/W )  DUE to (or As a consequence or)  Sequentially list conditions,										
CERTIFICATION	if any, leading to immediate	DUE TO OR AS	A CONSEQUENCE O	mr /	2			1 1			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	03011	ofer	Touch				John			
	that Initiated events resulting in deeth) LAST	DUE TO JOH AS	A CONSEGUENCE O	F):							
EH											
-	PART II. Other aignificent conditions	contributing to deeth t	but not resulting	in the underly	ing ceuse given in	Part i.   24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL	/ 4 //		silve			PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
		EU JOO W LC	Juliu a			1 TES 3	Sho	OF DEATH?			
Σ	DID TOPACCO USE CONTR	IDLITE TO CALICE O	SE DE ATIL M	FC [] NO	PT 101000000			1 TYES 2 NO			
AN	DID TOBACCO USE CONTR	IBUTE TO CAUSE C				1 L					
PHYSICIAN:	EXAMINER?	HQSPITAL:	26. PLACE DF DEA	OTHER:	10)						
YS	1 VES 2/ NO	1/2 Inpatient 2 - ER/Out			ome 5 🗆 Residence	8 C Other (Specify)					
F	27. MANNER OF OEATH  1. Netural 5 Pending	(Month, Day, Year)	28b. TIN		NJURY AT WORK?	28d. OESCRIBE HOW II	NJURY OCCL	URED			
B	2 Accident Investigation				YES 2 NO						
0	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	Y — At home, term, cify)	street, factory, of	fica	28t. LOCATION (Street a City or Town, State)	and Number o	r Rural Route Number,			
	Torriccio detarmined										
4	29a. CERTIFIER Check only	IAN: To the best of my know	viedge, death occurr	ed at the time, d	ate and place, and due	to the cause(s) and man	ner as atated	d.			
COMPL								cause(s) and manner as stated,			
E C	296. SIGNATURE AND POLE OF CERTIFIER	11			29c. LICENSE NUM			SIGNEO (Month, Day, Year)			
00	115/	Roline	11		12101	,	▶ /	117/5/			
유	30. NAME AND ADDRESS OF PERSON WHO	CDMPLETEO CAUSE OF OF	EATH (ITEM 27) (Turns	. Print)	13770			((()))			
	2 lad Holis	111- 1475	6	/	h.O.	1 1.0					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TONG	cu,	1 man	- 110	21	6/			
	JAN 2 2 1996	1 / 1 . 1	I. P					·			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the b	2	

						F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	OF DEATH	W.	YEAR 3.	TIME OF DEATH
	William	Edward			ker		Janu	larv	11,199		4:30
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. le		IF UNDER 1 YEAR			Day, Year)		. BIRTHPLA Country)	CE (State or Fore
	084-20-7839	MX M 2   F	70	YRS.				12,	1925	New	York
ac.	9e. FACILITY NAME (If not institution, give					N OR LOCATION OF D	EATH		9c. COUNT	Y OF DEATH	1
CTO	Frederick Memor:	lai Hospita	<u> </u>		Fred	lerick			Free	deric	k
ш	10a. STATE 10b. COUNT	r		10c. CITY,	TOWN OR LO	CATION				100	. INSIDE CITY
DIR	Md.	Frederick		В	urkitt	sville				10	LIMITS?
¥	10e. STREET AND NUMBER	-				10f. ZIP CODE					COUNTRY?
FUNERAL	4 Weiner					21718			U.S.A	A.	
E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 🔯	YES 2		13. WAS D	ECENDENT OF HISPA specify Cuben, Maxic	NIC ORIGIN?	(Specify Yes	or No-	Black, WI	American Indian
B	3 Widowed 4 Divorced	W. W. I	OR DATES			ES 2XXNO Speci		,		Specify:	nite
	15. DECEDENT'S ED	UCATION	_	ECEDENT'S U	ISUAL OCCUPA	TION	16b.	KIND OF BU	I SINESS/INDUS		ince
1	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	- C	Give kind of wo s. Do NOT use	ork done during retired.)	most of working					
를		4	ele	ctric	al eng	ineer	fe	deral	gover	nmen	t
COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
ш	William Edwa	rd Becker				Lola W					
TO B	19a. INFORMANT'S NAME (Type/Print) Helen S. Becker					et and Number or Rural					
						, Burkitt					
	20a. METHOD OF DISPOSITION  1 X Burlai 2 Cremation 3 Rer	noval from State	20b. PLACE comptery, cn	AND DATE OF	POSPOSITION	(Name of	DATE		CATION — CH		
	1 K Surfal 2 Commetter 3 Ramoval from State   Compatery, crosspapers or other place   Mt. Ulivet Cemetery 1/16 Frederick, Md.     21. SIGNATURE OF FUNERAL SERVICE LICENSEE										•
	Turo 201/ 1/1	SIX			Dona	ld B. Tho	mpson	Fune	ral Ho	ome	
	23. PART I. Enter the diseases, ok	1.40			31 E	. Main St	., Mi	ddlet	own, M	1d. 2	21769
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b	AS A CONSE								Onset and
CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):  d										
:	PART II. Other significent condition		th but not	reculting in	the underly	ing ceuse given in		24a. WAS AN PERFOR	MED?	CON OF	RE AUTOPSY FINI ILABLE PRIOR TO IPLETION OF CA DEATH?
MEDICAL CE	Esophore						/			1 _	
IN: MEDICAL CE	DID TOBACCO USE CONT						ND			1	YES 2 NO
ICIAN: MEDICAL CE	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUS	26. PLA	CE OF DEATH	Check only or		ND			1	
YSICIAN: MEDICAL CE	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	RIBUTE TO CAUS	26. PLAC	DOA	OTHER:	ome 5 Rasidenca	6 Other				
Y PHYSICIAN: MEDICAL CE	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	RIBUTE TO CAUS	26. PLAC /Outpatient 3	CE OF DEATH	OTHER: Nursing H	ne)	6 Other		NJURY OCCU		
TED BY PHYSICIAN: MEDICAL CE	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	RIBUTE TO CAUS  HOSPITAL: 1  Inpatient 2 ER	26. PLAC /Outpetlant 3 URY ber)  JURY — At he	DOA 28b. TIME	OTHER: I Nursing He OF 25c. I	ome 5 Rasidenca NJURY AT WORK? YES 2 NO	6 Other 26d. DESC	RIBE HOW I	NJURY OCCUR	RED	YES 2 NO
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ	26. PLAC /Outpatiant 3 URY ber) JURY — At ho (Specify)	28b. TIME INJU	Check only or OTHER:    Nursing H OF 25c.     M 1     reet, tactory, of	ne)  ome 5 Rasidenca  NJURY AT  WORK?  YES 2 NO	6 Other 25d. DESC	TION (Street a Town, State)	and Number or	REO Rural Route	YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PRIBUTE TO CAUS  HOSPITAL:  1 Inpatient 2 ER  28a. DATE OF INJ (Month, Day, Yang)  28a. PLACE OF IN, building, atc.	26. PLAC /Outpatiant 3 URY ber)  JURY — At ho (Specify)	DOA 28b. TIME INJU	I (Check only or OTHER: 6 Nursing H- OF 25c. I RY M 1 _ reet, tactory, of	ne)  ome 5 Rasidenca  NJURY AT  WORK?  YES 2 NO  fice  ste and pisce, and due	6 Other 26d. DESC 28t. LOCAT City or	FION (Street a Town, State)	and Number or	REO Rural Route	YES 2 NO
IE COMPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PRIBUTE TO CAUS  HOSPITAL: 1 Inpatient 2 ER  28a. DATE OF INJ (Month, Day, Ya  28a. PLACE OF IN, building, atc.  BICIAN: To the best of my Interest of axamin	26. PLAC /Outpatiant 3 URY ber)  JURY — At ho (Specify)	DOA 28b. TIME INJU	I (Check only or OTHER: 6 Nursing H- OF 25c. I RY M 1 _ reet, tactory, of	ome 5 Rasidenca  NJURY AT WORK?  YES 2 NO  fice  are and pisce, and due, dasth occured at the	5 Other 26d. DESC  28t. LOCAL City or	FION (Street a Town, State)	nor se stated.	RED Rural Route	YES 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	PRIBUTE TO CAUS  HOSPITAL: 1  Inpatient 2  ER  28a. DATE OF INJ (Month, Day, W  28e. PLACE OF IN building, atc.  BICIAN: To the best of my inception of the best of axemilians.)	26. PLAC /Outpatlant 3 URY ber) JURY — At ho (Specify) knowledge, de netion and/or	DOA 28b. TIME INJU	I (Check only or OTHER:    Nursing H. OF 26c. I NY M 1	ne)  ome 5 Rasidenca  NJURY AT  WORK?  YES 2 NO  fice  ste and pisce, and dus, dasth occured at the	5 Other 26d. DESC  28t. LOCAL City or	FION (Street a Town, State)	nor se stated.	RED Rural Route	Number, I manner as star



DIVISION OF VITAL RECORDS, P.O. BOX 68760

ending physician.	as the bunal-transit permit. Pages 1, 2, 3 should		
DSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.		e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	be filed	IMPOF

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF DEATH		3. TIME OF DEATH
	Florence	Louise	BANVA	ARD			1996	7:52 am M
	4. SOCIAL SECURITY NUMBER 463-64-1265	1 🗌 M 2 🔯 F	(In yrs. leat birthday) 102 yrs.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jun 28,18	393 8. BIF	NEW YORK
S S	99. FACILITY NAME (If not institution, give structured in the structure of			96. CITY, TOWN	PR LOCATION OF DE	EATH	9c. COUNTY OF	erick
5	RESIDENCE OF DECEDENT  10e. STATE 10b, COUNTY		10c CI	Y, TOWN OR LOCA	TON			10d. INSIDE CITY
DIRECTOR	Maryland Fre	derick		Frederic	ĸ			1 X YES 2 NO
FUNERAL	1900 Rosemont Ave:	nue		10	21702		U.S	A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1  YES IF YES, GIVE WAR OR I	2 2 NO	If yes, sp		NIC ORIGIN? (Specify Yorn, Puerto Ricen, atc.) y:	Bi	ACE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		(Give kind of life. Do NOT u	S USUAL OCCUPATION WORK done during make retired.)	ON st of working		usiness/industry	
M	17, FATHER'S NAME (First, Middle, Last)	2	1101111	Cinario E	10 MOTHED'S NA	ME (First, Middle, Melde		
		Samuel K	ATZ		772 TO	nette	HES	S
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	O ADDRESS (Street		Route Number, City or To		
	Mrs. Janet F. Slei	n	7065	Catalpa	Road, Fr	ederick,	MD 21703	100
	20a. METHOD OF DISPOSITION 1	vat trom State 20	b. PLACE AND DATE metery, crematory or o	OF DISPOSITION (Nother place)	ime of	DATE 20c. L	OCATION — City or	Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE DI	шtnsbur	22. NAME A	ory, Jan	.11,1996 S	om1thsbu	rg, Maryland
	Allan H	Ruby	M00703			sford P.A ch St, Fro		
NO	23. PART I. Enter the diseases, or canock, or heart feilure. Use the condition resulting in death)  Sequentisity list conditions,		A CONSEQUENCE C	re	de of dying, suc	h ee cerdlec or rea	piratory srrest,	Approximate interval Between Onaet and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE O					
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	contributing to death	but not resulting	In the underlyin	g cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ž	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEATH Y	ES NO E	UNCERTAI	N 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	ATH (Check only one				
IXSI	1 TYES 2 NO	1 Inpatient 2 ER/Ou		5 Nursing Hor		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d, DEŞCRIBE HOV	VINJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, term, ecify)	atrest, factory, offic	•	28t. LOCATION (Stree City or Town, Sta	et end Number or Rui te)	ral Route Number,
COMPLET	ana)	CIAN: To the best of my kno						se(e) end menner ee stated,
H	29b. SIGNATURE AND UTUE OF CERTIFIER	1- F/	1	71.	29c. LICENSE NU D16428			NED (Month, Day, Year) ary 11,1996
2	30. NAME AND ADDRESS OF PERSON WHO Casper E. Cline,							
	31. DATE FILED (Month, Day, Year)	32, ARGISTRAR'S SAG	NATURE)	THUI DUL	ccc, ric	deller, II	ar y rand	22701
	JAN 1 7 1996	32 ABGISTRAP'S SAG	ion-Randall					

Ε.

Dr. Francis

31. DATE FILED (WORTH,

ending physiciar	as the burial-tra		
e hospital or atte	etached for use		nce.
e retained by the	e 5 should be di		notified at o
1. Page 6 may b	eral director, pag		niner must be
hours after death	ed in by the fune	or removal.	medical exam
cuted within 24	d completely fills	urial, cremation,	ilc event, the
certificate be exe	ling physician an	ygiene prior to b	other trauma
that the death	ed by the attend	th and Mental H	any Injury, or
The law requires	e has been sign	te Dept. of Heal	im 23 shows
IG PHYSICIAN:	ter this certifical	ath with the Sta	narked, or ite
IL OR ATTENDIA	L DIRECTOR: Aft	2 hours after de-	f item 28 is r
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) Anna Marg.	aret BRAND	ENBURG			January 10,	*1996 <sup>ve</sup>	3. TIME OF DEATH 1:35 PM M
	215-14-2183	□ M 2 💢 F 88	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 1,	1907 v	HATHPLACE (State or Foreign country) irginia
TOR	98. FACILITY NAME (If not institution, give street  Citizens Nursing RESIDENCE OF DECEDENT	-		Frede	r LOCATION OF DE	ATH	Frede	
DIRECTOR	100. STATE 10b. COUNTY Maryland Frede			y, town on Locat rederick				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	313 Catoctin Av	renue		101	21701		U.S.	OF WHAT COUNTRY? A.
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		cify Cuben, Maxice	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondary (0-12)		(Give kind of life, Do NOT u	usual occupation work done during mose retired.)		166. KIND OF BU	Home	RY
BE COM	17. FATHER'S NAME (First, Middle, Last)  Norman		WERKING		18. MOTHER'S NA Mary	ME (First, Middle, Maiden	Surname)	R
2	190. INFORMANT'S NAME (Type/Print) Mr. Edward lee Bran	idenburg				Frederick		1and 21701
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE M	PLACE AND DATE etery, cremetory, or co ount Olive	Keen	y, Jan. 13  ID ADDRESS OF FA	1996 Fre	. Funer	, Maryland
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE O	olsi	tructu	<i>(</i> 2)		3 kes
PHYSICIAN: MEDICAL (	PART II. Other significant conditions of the con	Hype	tusis	7-		PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
SICIA		IOSPITAL:		OTHER: 4 (XNursing Horr	e 5 🗌 Residence	8 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATN  1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		ME OF 28c. INJ	URY AT HRK? YES 2 NO	28d. DEŞCRIBE NOW		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci		atreat, tectory, offic		28t, LOCATION (Street City or Town, Stete		surei Ploute Number,
COMPLETED	Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:	_						use(e) and menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Alected CAUSE OF DEA	n M	0	29c. LICENSE NUI	MBER MI		GNED (Month, Day, Year) . 11, 1996

Becker MD 300 West Ninth Street, Frederick, Maryland 21701

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FOR

1 -	FOR STATE REGISTRAR			MENT OF HEALTH AN CATE OF DEATH	REG. NO					
1.0	DECEDENT'S NAME (First, Middle, Las	" Baldwir	, -	2.7+; a =	2. DATE OF GEATH	MY YEAR	3. TIME OF DEATH			
1	SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	s. 7. DATE OF BIRTH	9 1996				
	25-10-3513	110/25		IF UNDER 1 YEAR   IF UNDER 24 HIS IONTHS DAYS HOURS MIII		6. BIRT	HPLACE (State or Foreign irginia			
	FACILITY NAME (If not institution, give			Db. CITY, TOWN OR LOCATION O		9c. COUNTY OF				
	Shady Grove Ad			Rockvil			ntgomery			
	SIDENCE OF DECEDENT		1001	1.00,171		1	nogomer /			
E 10a	STATE 10b. COUN		10c. CITY,	TOWN OR LOCATION			10d. INSIGE CITY LIMITS?			
		ontgomery		Rockvill	.e	T	1 X YES 2 NO			
FUNERAL 10.	STREET AND NUMBER			10f. ZIP CODE			WHAT COUNTRY?			
¥	6 Radford Cour	12. WAS DECEDENT EVER II	NIIS ABMEO	40 MM DECEMBERT OF THE	20851		S.A.			
	Never Married 2 Married	FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me	xican, Puarto Rican, etc.)	Ble	CE — American Indian, ck, White, atc.			
- 1	XWidowed 4 Divorced	IF TES, GIVE WAR ON D	ALES	1 TYES 2 TONO S	pecity:	Spe	White			
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b. KIND OF BU	JSINESS/INDUSTRY				
9 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
M M		4	Libra	y assistant		School S	ystem			
8 17.1	FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malder					
W	Cornnell Frede	erick			Mary Susan M					
p ""	. INFORMANT'S NAME (Type/Print)	Deles	100000000000000000000000000000000000000	DDRESS (Street and Number or R			1755			
	Jacqueline R.	1		Shadywood Driv						
Ι×	Burial 2 Cremation 3 Re	amoval from State Cer	metery, cremetory or other		1	OCATION — City or				
	SIGNATURE OF PUNEITAL SERVICE	DCENSEE Park	clawn Ceme	tery Jar	15, 1996 F FACILITY	Rockvi11	e, Marylan			
j	Xillard.	C.C. Baston	M00021		Basford Fun	eral Hom	e			
_				106 East Ch	urch Street	Freder				
23	shock, or heart fellure. List only one ceuse on each line.									
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  s. Uner Gus traintes hind Bleeding  but TO (OR AS A CONSEQUENCE OF):									
	suiting in desth)	a. Opper G	-us troin F	estruct blees	ling		50			
_	_	0	Ica dise		O		inknown			
O Se	equentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	e Jule			1			
CAT CO	use. Enter UNDERLYING	· Hintal	Hernia				vakaowa			
H Sth	AUSE (Disease or Injury et Initisted events		A CONSEQUENCE OF)				/			
CERTIFICATION	sulting in death) LAST	a. Anticogy	ation for	DVT 20 4,	p surjery		6 well			
	ART II. Other significent conditi					N AUTOPSY 24	b. WERE AUTOPSY FINDING			
₫						ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL					1 TYES	2 GPNO	DF DEATH?			
2	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	OF DEATH YES	□ NO 🗹 UNCER	AIN []		1 2 123 2 20110			
3 11 -	WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	/ ~						
SIC	EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Out		OTHER:	nce 6 Other (Specify)					
₹ 27.	MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURED				
_	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO	·					
	3 Suicide 8 Could not I		Y — At home, farm, st	reet, factory, office	281. LOCATION (Street City or Town, State		I Route Number,			
	4 Homicide determined									
290		YSICIAN: To the best of my know	wledge, death occurred	st the time, date and place, and	due to the cause(s) and m	anner as stated.				
	one) 2 MEDICAL EXAM	INER: On the basis of exemination	on and/or investigation	, in my opinion, death occured a	t the time, data and place, a	and due to the cause	e(a) and menner as stated.			
WO		IFR	4 /	29c, LICENSE	NUMBER	29d. DATE SIGNE	ED (Month, Day, Year)			
	SIGNATURE AND TITLE OF CERTIF					1 .				
296			Attendo	is 04	7791	Janua	7-10,1996			
296	NAME AND ADDRESS OF PERSON	rile MO	Attendo	AS DY	7791	Janua	7 10, 1996			
OI 30.	NAME AND ADDRESS OF PERSON	rile MO	Attender EATH (ITEM 27) (Type, I 809 Veez	Ag DY Many S Mill Rd, 18	7791 Pockville,	Mo	7 10, 1996			

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O C

Physician /Medical		<ol> <li>Decedent's Neme (First, Middle, Li</li> </ol>	rst)									
•									2. Dete of De Month	eth Dey	Year	3. Time of Death
	1 -	EDWA		NS S	SR.				JANUARY		996	7:50 F
Examiner	r	la. Facility Name (If not Institution, gi					4	b. City, Town, or	Location of Deat	4c. County	of Death	
c		Prince George		al (	Cente			Chever	-		ce Ge	eorge
Funeral Director		213-14-6634	X4	e (In yrs.	last birthday Yrs.	Months	1 Year Deys	If Under 24 Hrs Hours Min		th ly, Year) 7/19	9. Birthp Coun MI	lece (State or Fore try)
yland	- 1-	Usuat Residence of Decedent 10a. Stete 10b. County	-	10c. Cit	y, Town or L	ocation					1	0d. Inside City Lim
Man 1	0			Was	shing	ton,	D.C	4				12 Yes 2 ☐ P
vith the Ma	<u> </u>	10e. Street and Number		1		10f. Zip	Code			10g. Citizen of	What Coun	itry?
Sa o	5	859 Van Burer	Street.	N.V	V.	2	2001	2		U.S.	Δ	
ne 2	-	I 1. Marital Status	12. Was Decedent						Specify Yes or No		e - Americ	an Indian.
72 hours efter death with the Maryland natural; or items 23s or 28s-f show that Examiner must be nutified at the hours of the control of the	2	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces?   Y Yes 2       If Yes, Give   Yeer or Deteso	No		If Yes, spec		n, Mexican, Puè	Specify Yes or No to Rican, etc.)	Specify Specify	ck, White,	
ed within 72 hours ygiene. Ner then "neturei", ft, the Wedical Exe Completed by	2	15. Decedent's E	ducation	/	16a, Dece	edent's Usua	Occupa	ation	d be	16b. Kind of B	usiness/Ind	dustry
hin 7		(Specify only highest gr Elementery/Secondery (0-12)	ade completed) College (1-4or !	54)				turing most of wo	orking			
filed within Hygiene. other than " ant, no use	5	Clothoritory/Odcoridory (0-12)	5+	) <del></del> -	T	eache	er			D.C.	Govt.	
		17. Fether's Neme (First, Middle, Las	7)					18. Mother's Ne	me (First, Middle	, Meiden Suman	ne)	
Menta Menta Menta artic ev	0	Ernest Biver	S					Marq	ie Wate	ers		
d 2 should be fill th and Mental H T is marked off traumatic ever	-	19e, Informent's Neme/Reletionship	(Type, Print)		19b. Mel	lina Address	(Street		lurel Route Numb		Stete. Zio	Code)
that		Arseene P. Biv				26						20012
Health Imm 27 Im	-	20e. Method of Disposition	CIIO	20b. P	leca of Disp	osition (Nem	ne of		Dete	20c. Location		
Peges nent of H int: If Ita	I.	1 X Burlel 2 Cremetion 3		C	emetery, cre	ematory or ot	her plec					
Per mer mant:	L	4 ☐ Donetion 5 ☐ Other (Speci	10	F'C	ort L	incol	n C	emeter	y 1/23)	/96 Br∈	entwo	ood, MD
pemit. Peges 1 and Department of Health important: if item 27 any injury or other tr once.		21. Signeture of Fundamental ce Lice	os, abli		2	22. Name end			Funera	1 Lame		
ZOE = a	1	William O.	Ables		Ì				venue,		_	
10000		23a. Pert1. Enter the disease, or con shock, or heart failure. List only		the deat	h. Do not er	nter the mode	of dyln	g, such es cardie	oc or respiretory e	rrest,		Approximate Intervel Between
Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in deeth)	· Alzhe	QM() Due to (o	V 5 O	U <i>s ed s</i> equence of):	e					YCAVS
ficate be executed physician end is the bunal-transit	Yai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (o	r es e conse	equenca of):						
licata be e I physician Is the buris		thet initieted events	C	Due to (o	r es e conse	duence of):					i	
5 0 8		resulting In death) Lest	d			,						
atte atte	2	Death Other Leaders and the			at 1 m				001 014			
es that the death cert igned by the attending be deteched for use in by Physician/M		Pert II. Other significant conditions	contributing to death b	ut not resi	uiting in the	underlying ca	ause give	en in Pert I.		Yes 2 No	3 Prol	the causs of deal
been s should									24e. Wes	en eutopsy omed?	av	ere autopsy finding allable prior to mpletion of cause deeth?
0 4 0 1									10	Yes 2 No		Yes 2□ No
yaicien: The s certificate director, pag		25. Wes case referred to medical						28. Plece of De	eth (Check only	one)		
2 00	)	exeminer?	Hospitel:	ent 2 🗆	ER/Outpetle	ent 3 DO	A Oth	er: 4 Nursina	Home 5 ☐ Resi	denca 8 Oth	ner (Specif	y)
E E =		7. Menner of Deeth	28a. Dete of Inju	rv	28b. Time		Bc. Injun Worl		1	how Injury occur		
Attending in death.  Setor: After by the funer iffication:	2	1 Statural 5 Pending 2 Accident investigation	(Month, De	y rear)	Injury	М		Yes 2 □ No				
Page 1		3 Suicide 6 Could not be determined				treet, factory,	, office		28f. Location ( City or To	Street end Numb wn, Stete)	ber or Rura	tl Route Number,
To the Hospital within 24 hours a To the Funeral completely filled	5	29a. Certifler (Check only one) 12 Certifying PI	nysician: To the best miner: On the basis of and menner st	exemine	wledge, dee tion end/or i	th occurred envestigation,	et the time in my of	ne, date end plac pinion, death occ	e, and due to the urred et the time,	cause(s) end modete end piaca,	enner es si and due to	teted. the cause(s)
Me Me		29b. Signature and title of certifier	and monitor su	·		290	License	e number		29d. Date signe	d (Month	Dev. Year)
F 3 F 8	1	DILA	-a. M	n		200	7	rin C.		/ / / /	7 11	- 271 . 2021/
		+ tr: Monday	July, 111	1)			1001	1698		1-11	1-46	
(	-	111111111111111111111111111111111111111				Delet						
12		30. Name and address of person who	completed cause of o	eeth (Item	123e) (Type	Horn	Con	1. Clas	WANT N	10 207	65	

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		y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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<b>BALTIMORE, MARYLAND 21215-0020</b>	24 hours after death. Page 6 may be retained by the hospital or attending physician.	/ filled in by the fu
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	III THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 4 hours after death. Page 6 may be retained by the hospital or attend	IN THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	In filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	Com				

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	<i>.</i>	3. TIME OF	DEATH
2.	Henrietta M. B	1. Bidwell				MONTH DAY YEAR			
ş	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	January 1		BIRTHPLACE (State	
	577-07-1410	1 □ M 2 🂢 F	92 YRS.	HTHE DAYS	HOURS MIN.	Jan. 31,	1903	New York	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number)  Greenbelt Nursing Home  Greenbelt  RESIDENCE OF DECEDENT				Prince George's				
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE	CITY	
	Maryland Prin	ce George's	Gree	nbelt				1 X YES	? 2 🗌 NO
FUNERAL				100	ZIP CODE			N OF WHAT COUNT	RY?
빌	7010 Greenbelt R				20772		U.S.		
BY FU	11. MARITAL STATUS 1  Never Married 2  Married 3  Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPA Holfy Cuban, Maxlo 2 NO. Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, atc.) fy:	a or No—	4. RACE — American Black, Whita, etc. Specify Whita	
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	HAL OCCUPATION	iM	16b. KIND OF BU	I CINESC (IND.)		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during mo	st of working	IOU. KIND OF BU	SINESSANDO	SIRT	
F		2	Secretar	У		Private	Indus	stry	
ខ្ល	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	Surname)		
BE	Joseph Kraupner				Mary K	occik			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
۱ ٦	Mildred Pullman		968 Mai	n Stree	et, Deal	e, Marylan	d 2075	51	
	20a. METHOD OF DISPOSITION 1	noval from State 20t	netery, cremetery or other Ort Lincol	place)  n Cemet	ery 01	OATE 200. LG	entwo	Od, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEI		1 22 NAME AN	IN ADDRESS OF EA	ICH ITY			
	· Charles 7	Bea. t	<b>,</b>	4739 1	ls Gasch Raltimor	's Sons Fu e Ave., Hy	neral	Home, P.	A.
	IMMEDIATE CAUSE (Final	List only one cause on e	each line.	enter the mo	de of dying, aud	ch as cardiac or reap	elratory arre	it, Appro Interv Onset	eximate ai Between and Death
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  CAUSE (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	Diabetes Type II, Old Osteomyelivis  PERFORMED?  1 yes 2 THO  1 yes 2 THO					24b. WERE AUTOP AWAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE		
A A	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C			UNCERTAI	и 🗆 📗			
5	EXAMINER?	HOSPITAL:		THER:					
2	1 YES 2 NO	1 Inpatient 2 ER/Out		T		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	/ WO	RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide Could not be detarmined Cliy or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28b. PLACE OF INJURY — At home, farm, street, factory, office Cliy or Town, State)								
COMPLET		ICIAN: To the best of my know ER: On the besis of examination							as stated
O BE	Stof	14				001	DATE !	18 96.	rear)
	30. NAME AND ADDRESS OF PERSON WE Stuart J. Turkewi				er Drive	e, Greenbe	lt. Ma	ryland 2	7770
	31. DATE FILED (Month, Day 1997)	22 SECIETRANIE BIOL	ATURE			, 11001100	, 110	- Janie 2	57.70

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	INTRE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760</b>	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 in fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	APPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF N	MARYLAND /	DEPARTMENT	OF H	EALTH A	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF	DEATI	H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	D				2. DATE OF DEATH		3. TIME OF DEATH
	BUFUS	BERGE	RS	R.		JANUARY .	5 199	16 10:05 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BUTTH (Month, Day, Year) 1	910 .	BIRTHPLACE (State or Foreign Country) Gretna,
	237-05-7548	1 🕅 M 2 🗆 F	35 YRS.	MONTHS DAYS	HOURS MIN.	November 2		irginia
	9e. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIMECTOR	Washington Advent:	ist Hospitaļ		Takoma	Park		Mont	gomery County
2	10a. STATE 10b. COUNTY	f		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	None None	е	Was	hington				XX YES 2 NO
\$	100. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	of WHAT COUNTRY?
						States of		
2	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2)(NO	If yes, sp	ecify Cuben, Mexica	NC ORIGIN? (Specify Yern, Puerto Rican, etc.)	s or No- 14	RACE — American Indian, Black, White, etc.
E E	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2X NO Specify	<i>(</i> :		Black
3	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	DN	16b, KIND OF BU	SINESS/INDUS	
ı,	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ork done during mo a retired.)	st or working			
COMPLETED	Unknown		Labore	r		Lane C	Ompany	
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surneme)	
2	Joe Berger					ailable		
5	194. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Rufus Berger, Jr.			·		E., Washin		
	20e. METHOD OF DISPOSITION  1 X Burlet 2 Cremetton 3 Rem		netery, crematory or other Central Central		ame of	Tan.		or Town, State
	4 Donation 5 Other (Specify)		retha cen	-	ND ADDRESS OF FA	II Gret	IIa, VI	Igilia
		1		Mill	er Funer	al Home		
	Nowardk	1 Causen			na, Virg			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Oue TO (OR AS	ach lina.	Lurz		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Approximate Interval Between Onset and Death South
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.							
MEDICAL	PART II. Other significent condition					PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ž.	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				N Ø		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEAT	OTHER:				
PHYSICIAN:	1 TYES 2 DONO	1 inpatient 2 ER/Out				6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 1 Netural 5 Pending 2 Accident Investigation  28. DATE OF INJURY 28b. TIME OF INJURY WORK?  M 1 YES 2 NO						REO		
3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and due to the cause(e) and menner existed.							Rural Route Number,	
COMPLE	one)	ER: On the basis of my know						Lause(e) and manner se stated.
N L	29b. SIGNATUME AND TITLE OF CERTIFIE	1	no, c	pho	BM 300 ST			SIGNED (Morith, Day, Year)
2	20. NAME AND ADDRESS OF PERSON WE Radman MUSTag	10 BOMPLETED CAUSE OF OIL	HANONS	Print) PKNY	Grunbe	I, MD		
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIG						
	JAN 17 1096	) James was	TOLANDA PY					

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BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed when 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	hours af	led in by
DIVISION OF VITAL RECORDS, P.O. BOX 6876	TENDING PHYSICIAN: The law requires that the death certificate be executed wroms a	TOR: After this certificate has been signed by the attending physician and completely filled in by the
≥ O	AL OR A	TO THE FUNERAL DIREC

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Herbert	Browne			2. DATE OF DEATH	W 819	3. 1	TIME OF DEATH			
	579 38 2470	*□ M 2 □ F 66	rs. last birthday) H	7. DATE OF BIRTH (Month, Day, Year) July 28 19	28 1929 Missouri						
TOR	9a. FACILITY NAME (if not institution, give stree  12125 Wilmont Turi RESIDENCE OF DECEDENT	Princ		orge's							
DIRECTOR	10e. STATE 10b. COUNTY Maryland Prince		10d. INSIDE CITY LIMITS?  1) X YES 2 NO								
FUNERAL	12125 Wilmont Tu:	Uni		country? tates							
BY	1 Never Married 2 Married	2. WAS DECEDENT EYER IN U FORCES? LE YES IF YES, GIVE WAR OR DATE 1948-1952			offy Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	es or No—	Black, Wh	American Indian, ita, etc. White		
LETED		mpleted) College (1-4 or 5+)	life. Do NOT usa n	k done during mos etired.)		16b. KIND OF BU	0	STRY			
at once.	12 17. FATHER'S NAME (First, Middle, Last)		Cable Sp	licer		ME (First, Middle, Maide					
TO BE	Stuart Campbell Browne  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
must be	Mary Browne   12125 Wilmont Turn Bowie Maryland 20715  20e. METHOD OF DISPOSITION 1 S Burlal 2 Cremation 3 Removal from State 4 Donellon 5 Other (Specify)   Maryland Veterans Cemetery 1/18/96 Cheltenham Md.										
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715										
ent, the medical examiner must be	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abproximate interval Between Conset such disease or condition resulting in death)  Approximate interval Between Conset and Death Conset and Death Conset and Death Conset and Death Conset and Conset										
ry, or other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
shows any Injury, : MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  LZNEIMERS DISEASE 1 YES 246. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO										
Item 23 sh	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		. PLACE OF DEATH	(Check only one)	UNCERTAI	N 🗷					
5 2		Inpatient 2 ER/Outpate  28a. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4	DF 28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED			
28 Is marked, TED BY PH	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	M 1 TYES 2 NO  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
If item	anel	AN: To the best of my knowled							d manner as stated.		
O BE COM	296. SIGNATURE AND TITLE OF CERTIFIED	vare hi	)		DOOS	MBER 574	29d. DATE :	SICHED (Mo	Th. Day. Year)		
-	NormANK, BOHR		1 SUPER	rint) 10 p Cota	EA6	BOWE.	Min >	07/5	5		
4	31. DATE FILED (Month, Day, Year)	32 AGGISTRAR'S SIGNAT	Parlett			,					

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3. TIME OF DEATH

3:00 AM

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REG. NO

1996

2. DATE OF DEATH

January

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Francis

Jefferson

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4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreig Country) DAYS HOURS 579 18 9167 1 N 2 F July 27,1915 80 Maryland burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2043 Hermitage Hills Drive Gambrills Anne Arundel 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Gambrills 1 YES 2 TONO Anne Arundel FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2043 Hermitage Hills Drive 21054 United States hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) IL MARITAL STATUS 14. RACE — American Indian, Block, White, atc. 1 Never Married XX Married 1 TES 2 T NO Specify: BY 3 Widowed 4 Divorced use as the White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) t5. DECEDENT'S EDUCATION pecify only highest grade comple joj Elementary/Secondary (0-12) College (1-4 or 5+) detached f 12 Self Employed Farmer once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) page 5 should be notified at Jefferson Beal1 Mary P. Poula BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mildred E. 2043 Hermitage Hills Drive 21054 Beal1 Gambrills Md. å 20a\_METHOD OF DISPOSITION
112 Burlet 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must funeral director, 1/10/96 4 Donation 5 Other (Specify) Trinity Cemetery Bowie Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) of ana. event, DUE TO (OR AS A CONSEQUENCE OF): executed prior to burial, traumatic CERTIFICATION attending physician and Sequentially jist conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 2 requires that the death certificate CAUSE (Disease or Injury or other After this certificate has been signed by the attending phydeath with the State Dept. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST Injury, PART ii. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY MEDICAL 23 shows any 1 YES 2 NO OF DEATH? t YES 2 AO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M UNCERTAIN PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) Item The OTHER: 1 Inpatient 2 Defloutpatien 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural М 1 YES 2 NO BY 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 3 Suicide 8 Could not be DIRECTOR: A hours after of them 28 is COMPLETED 4 Homicide DR 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: 1 occured at the time, data and pieca, and due to the cause(a) and manner as stated, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 34100 2 OEATH (ITEM 27) (Type

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR			CI	ERTIF	ICATE C	F DEATH	WENT INC	REG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)							OF DEATH			3. TIME OF DEATH
AGNES L B	ROWN						JAN		19	96	10:05 am
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	at birthday)	IF UNDER 1 YEA			OF BIRTH		8. BIRTH	PLACE (State or Foreign
296-03-9705		1 🗌 M 2 📉 F	83	YRS.	MONTHS DAY	8 HOURS MIN.		8, 191	2	Flor	ence, SC
9a. FACILITY NAME (If not in	natitution, give atm	set and number)			9b. CITY, TOV	VN OR LOCATION OF D		, 171		NTY OF D	
Fort Washi	ngton ]	Hospital			Fort	Washingto	n, MD		Prin	ice G	eorges
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Prince	e George	S		Fort W	ashington	Mar	vland		100	LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE	,	Jaconto	10g. CIT	IZEN OF V	VHAT COUNTRY?
12021 Livi	ngston					20744					States
1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 M NO Speci	en, Puerto F		or No	Biaci	— American Indian, White, atc.
15. DEC	EDENT'S EDUC	ATION completed)	16e, DE	CEDENT'S	USUAL OCCUP	ATION most of working	16b.	KIND OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	- Hite	. Do NOT u	se retired.)			Dest			
10					Cu	stodian		Pri	vate		
17. FATHER'S NAME (First, M John Young						18. MOTHER'S N.	AME (First, A		Sumame)		
19a. INFORMANT'S NAME (1) Margaret 0						eet and Number or Rural	l Route Numb	er, City or Tow			A.H.
20e. METHOD OF DISPOSIT	ON				Sweet OF DISPOSITION	Way Terra				City or To	
Burlel 2 Cremetic	on 3 🗆 Remo	val from State	cemetery, cre	ematory or o	other place)		DATE	A 100 A			
21. BIGNATURE OF FUNERA	Andrew Contract Contr	- Airman	Fort	Lin		emetery E AND ADDRESS OF F	ACILITY.	IV B	rent	wood	, MD
·all	WS	- Page	2e G	5	Ale	xander S.	Pope				MD. 20747
23. PART I. Enter the d	ilseasea, or c	omplications the	1 caused the de	eath. Do	not enter the	mode of dying, su	ch aa card	lec or respi	ratory ar	reat,	Approximate
shock, or h  IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal	Sepsi:		B.							Interval Between Onset and Dasth
, , , , , , , , , , , , , , , , , , , ,			(OR AS A CONSE	OUENCE O	F):						
Sequentially list condit	iona,	Diabet	(OR AS A CONSE			oe I					
cause. Enter UNDERLY CAUSE (Disease or inju											
that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):						
resulting in death) LAS	" L a										
PART ii. Other algnifica	ent conditions	contributing to	death but not	raguiting	In the under	vina cause alven i	n Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
				111111111				PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			7.7.2.44				—	1 TYES 2	X NO		OF DEATH?
DID TORACCO I	ICE CONITE	IDLITE TO CA	HICE OF DE	ATLI V	EC D NO	<b>☑</b> UNCERTA					1 YES 2 NO
DID TOBACCO U		IBUIE IO CA			TH (Check only						
EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:						
1 YES 2 NO		26e. DATE OF		26b, TIR		Home 5 Residence	1				
	Pending	(Month, L			JURY	. INJURY AT WORK?	266. DES	CRIBE HOW I	NJURY OC	CURED	
2 Accident	Investigation	25- PLACE	OF INJURY — At h	ome teem		YES 2 NO	201 100	ATION (Comme)			Do to March or
3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)	ome, win,	street, factory,	ornice		ATION (Street or Town, State)		er or Hurai i	noute Number,
29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best o	l my knowledge, d	eath occur	red at the time,	date and place, and du	is to the cau	se(s) and ma	nner ee str	nted,	
ana!	DICAL EXAMINER	R: On the basis of p	xemination and/or	Investigati	on, in my opink	on, death occured at th	ie time, date	and place, ar	d due to t	he cause(	a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CONTIFIER					29c, LICENSE NI D 4 5 8					(Month, Day, Year) 7/96
30. NAME AND ADDRESS OF CARL JOHN		6188 0				con Hill	.Md.	207	45		
							y		.,		
31. DATE FILED (Month, Day, JAN 1	7 1996	Jalia	R'S SIGNATURE	dell							

in woman is a second to the se

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 2576

4						Certificate of	of Death	Re	g. No.		
	Physic	ian	1. Decedent's Name (First, Middle, L.		R	A	7	2. Date of Death  Month	Day	Yeas	3. Time of Death
	/Medi		Duymor		6	77071		January	7,19	96	11400
Ţ	Exami		4a. Feolity Name (It not Institution, gi	and the second second			4b. City, Town, or	Location of Death	4c. County		
	c		PRINCE GEORGES	HOSPITAL			CHEVERLY		PRINC		
	Funeral Director		229 38 5025	Sex 7. Age	e (In yrs. last bir	Months Day		. (Month, Day,	, 1935	9. Birthp Cour VIRG	piece (Stete or Foreign htry) INIA
	and w		Usual Residence of Decedant  10a. State 10b. County		10c. City, Tow	n or Location				1	Od. Inside City Limits
	the Mary 28a-f sho	Director	MARYLAND PRINCE  10e. Street and Number	GEORGES	RIVERDA				0.00		1 ☐ Yes 2 🕱 No
	ath with		6163 64TH. AVEN			10f. Zip Cod	7		U.S.A	1.	
urs a		by Funeral	11. Marital Stetus  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 Tyes 2 The If Yes, Give Year or Dates:	Ever in U,S.	If Yes, specify Cuban, Mexican, Pt  1 ☐ Yes 2 ☐ No Specify:				ece - American Indien, eck, White, etc.	
5	72 hours "natural",	Completed	15. Decedent's E (Specify only highest gi	ducation	16a.	Decedent's Usual Oct (Give kind of work do	cupation	orkina	8b. Kind of Bu	usiness/Ind	dustry
1	E . B	nple	Elamentary/Secondary (0-12)	Collega (1-4or 5	+)	life. DO NOT use rel	tired)		DO TIVE	-	
1	DO	S	12TH		D1	STRIBUTOR	FOR THE F	1200	PRIVA	ilt	
mai yiaila	be file tel Hyy d othe event,	Be	17. Fether's Neme (First, Middle, Las					me (First, Middle, N		a)	
		2	EVERETT BROW	N			LETISH	A SCOTT	BROWN		
3	d 2 should h and Mer 7 is marke traumatic		19a. Informant's Name/Raiationship	(Type, Print)	19b	Malling Address (Stre	eet and Number or F	lural Route Number,	City or Town,	State, Zip	(Code)
	alth 27		CHRISTINE REYN	OLDS	70	07 17TH. S	TREET.S.E	WASHD	20003		
2	- F E 6		20a. Method of Disposition		20b. Place of	Disposition (Name of y, crematory or other)		Date 2	0c. Location -	City or To	wn, State
	0 = 0		1 ☐ Burlal 2 ☐ Cremation 3 [ 4 ☐ Donation 5 ☐ Other (Special	XRemoval from State		S CEMETER		1/17/96	CETYON V	TDCTN'	rΔ
	C 8 4	10.0	21. Signature of Edgerel Service Lice				dress of Facility	M. DUDLEY	FUNERA	I HO	MF
í	permit. Depart Import any inj once.			1/) /	1		DE ISLAND				
			23a. Part1. Enter the diseese, or con	Nude	ey					7	Approximate Interval Between
Í	Medical Examiner	Examiner	Immediata Ceuse (Final disease or condition rasulting in death)	b		consequence of):	ote can	horas un	of du	case	
600	certificate be axecuted ding physician and use as the bunel-trensit		Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disease or Injury that initiated events	c		consequence of):				i	
2	ding ding	//Medical	resulting in death) Last	d	Jue to (or as a c	consequence of):					
	ette for	Physician/	Production of the state of the								
	5 th	ıys	Part II. Other significant conditions		it not resulting in	the underlying cause	givan in Part I.				o the cause of death
	thet ti ed by detac	4	Chronic ops;	Huchae,	Nulm	many de	un.	12/70	s 2□No	3 Pro	bably 4 Unknow
3	8 5 8	d by			/			240 14/00 00	Automou	24h W	ere autopsy findings
		ete		0				24a. Was ar perform	ned?	ev	alleble prior to
	2 8 8	Completed								of	daath?
	Pare Pare	So						1 □ Ye	s 2 No	1[	☐ Yes 2☐ No
	Physician: The this certificate ral director, page	Be	25. Was cess referred to medical examiner?		/		26. Placa of De	ath (Check only on	9)		
5	Physic this ce al dire	To	1 Yes 2 No	Hospital: 1 Inpatier	nt 2 ER/Ou	tpatient 3 DOA	Othar: 4 Nursing	Home 5 ☐ Reside	nce 6 □Oth	er (Specif	y)
	aing Ph h. After thi funeral		27. Manno of Death 1 ☑ Natural 5 ☐ Panding	28a. Date of Injur (Month, Day		ime of 28c. Injury	njury at Vork?	28d. Describe ho	w injury occur	ed	
3	Attending r death. pctor: After by the fune	atle	2 ☐ Accidant Investigation	n			☐ Yes 2☐ No				
3	or Atten efter deat Director: I in by the	ertification:	3 ☐ Suicide 6 ☐ Could not to datarmined	28e. Place of Inju		rm, street, factory, offic	ce	28f. Location (Str. City or Town		er or Rure	al Route Number,
	s efter s efter si Olre ed in b	Ç		banding, ato	. (Opeony)			ony or roun.	, 01010/		
	Hospital or Attending I 24 hours efter death. Funeral Director: After etaly filled in by the funer	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Pl	nysician: To the best of miner: On the basis of and menner sta	axamination and	, daath occurred at the d/or investigation, in m	a time, date and plac y opinion, daath occ	e, and due to the ca urred at the time, da	use(s) and ma ite and piace,	inner as s and due to	tated. the cause(s)
8	To the Pomple	ž	29b. Signature and title of certifier	0.	C Yr	29c. Lice	ense number	25	d. Dete signe	d (Month,	Dey, Year)
v	-		Weening P	Landard M	12)	122	1120	-/	200000	6 1	a6 1
1	51		30. Name and extress of person-to	7/2)	ath /Item 00-1	Tuno Brint	100	94	mery	716	776
	/		And to DD.	1.11 161112 114	eath (Item 23a) (	a Parker	w/LC	S. n.	1000	10	
			31. Date filed (Month, Day, Year)	32. Registre	rekinner	rapper	and for	m. m	1-1	70	
	Sta Begiste		IANI 17	1996 444	al Signieture	P. A.	0				
	Registr	aı	AHILTI			THEFT					

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BALTIMORE, MARYLAND 21215-0020

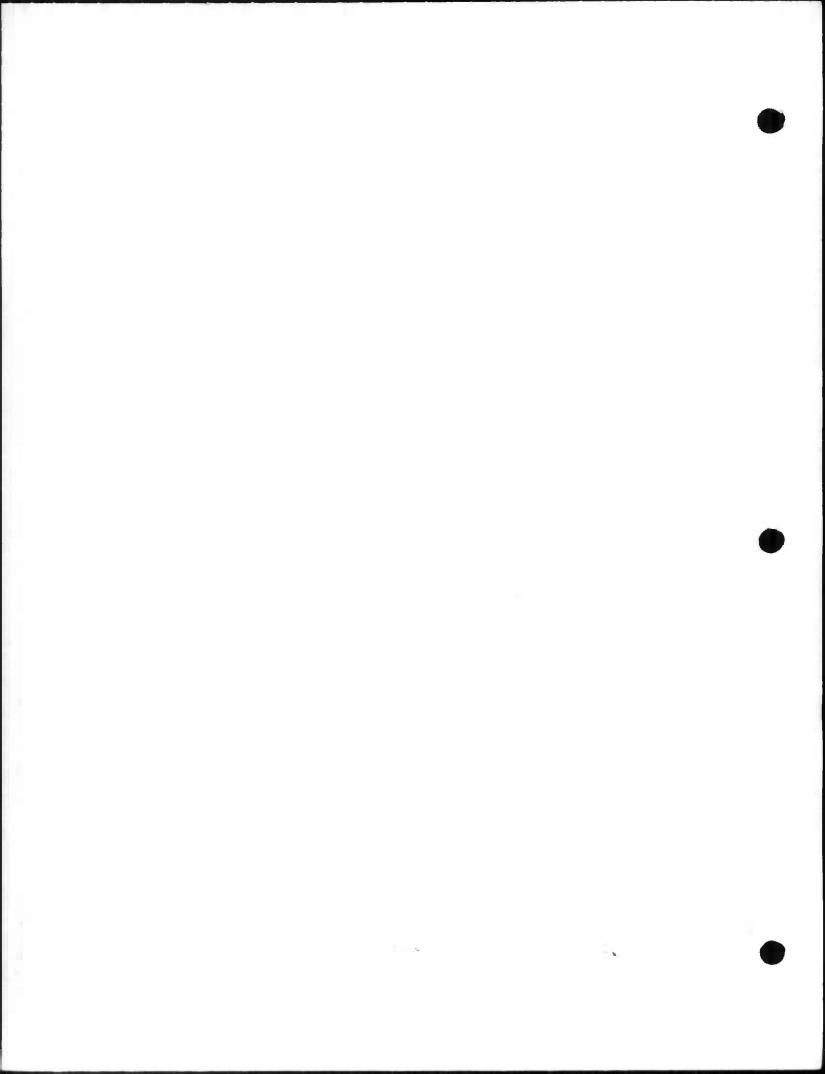
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)	lare	3	11		2. DATE OF OEATH DA	Y YEA	
	4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9 96	RTNPLACE (State or Foreign
	578-52-2036		59 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 7-14-36	Co	irginia
l oc	90. FACILITY NAME (If not institution, give st. HOLY Cross Hos				R LOCATION OF D		Sc. COUNTY O	
DIRECTOR	RESIDENCE OF DECEDENT	picar		211AG	Sprin	g	Mont	gomery
H.	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
		gomery		Silver				1X YES 2 NO
RA	100. STREET AND NUMBER  1400 Fenwick I	220 #100		101.	ZIP CODE			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	V U.S. ARMED	13. WAS DEC	20910	NC ORIGIN? (Specify Yee	US	
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, spe		n, Puerto Rican, atc.)	8	ACE — American Indian, Hack, White, atc. pocity: Black
D BY	3 Widowed 4 Divorced				20		, ,	DEACK
ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION FOR done during most	N st of working	16b. KIND OF BUS	INESS/INDUSTR	Y
P.E.	Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)		cretary	f	Go	overnm	ent
COMPL	17. FATNER'S NAME (First, Middle, Last)			i		ME (First, Middle, Maiden :		
BE	John Archie	Turner			An	nie Mae I	Leach	
2	190. INFORMANT'S NAME (Type/Print) Pamela Bell		19b. MAILINO	ADDRESS (Street or	nd Number or Rural I	Route Number, City or Town	, State, Zip Code)	20904
	200. METHOD OF DISPOSITION							Spring, MD
	1 X Burial 2 Cremation 3 Remo	oval from State cem	PLACE AND DATE OF STREET, Crematory or of Tarmon V	her place)	neof	, 1/17	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIC		larmony	22. NAME AN	D ADDRESS OF FA	CILITY	andov	
	MUDITAR	ACH BA	allow	J.E	3. Jenk	ins Funer	cal Ho	me
	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do n	of anter the mod	de of dying, suc	h as cardiac or respir	ratory arrest	dover 20785
	IMMEDIATE CAUSE (Final	List only one cause on ea			2	1. +		interval Between Onset and Death
	disease or condition resulting in death)	ai			age 1	teart 7	Disa	se ihr
_		DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				
S	cause. Enter UNDERLYING CAUSE (Disease or injury							
Ħ	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):				
Ü		1.						
¥	PART II. Other significant conditions	contributing to death be	ut not resulting i		csuse given in	Part i. 24a, WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	Diunitas	1	Co	4.2		1 YES 2	NO	OF DEATH?
×	DID TOBACCO USE CONTR	PIRLITE TO CALISE O	E DEATH VE	NO D	UNCERTAIN			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEAT		UNCERIAII	<u> Ч</u>		
/SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4   Nursing Home	5 🗆 Residence	6 Other (Specify)		
F	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	JRY WOF	RK?	28d. DESCRIBE NOW IN	JURY OCCUREO	
B	2 Accident Investigation	25. DI ACE OF IN HIPV	41.50		ES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At nome, term, s	freet, factory, office		28f. LOCATION (Street er City or Town, State)	nd Number or Run	al Route Number,
1 1 1	29e. CERTIFIER 1 CERPIFYINO PHYSIC	CIAN: To the best of my knowl	edge, death occurre	d at the time date	and place, and due	to the several and man		
N N		R: On the basis of exemination						se(e) end menner se stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			IEO (Month, Day, Year)
D B	306	Joulen	( Carry		300	240	1 Jun	7 96
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE		Print)				- mal
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA		عد دد در	J1360	March 1	que	13 elpool
	JAN 17 199		Whor Rada	r.				
السا	ABIT 1 100							



1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	t. DECEDENT'S NAME (First, Middle, Las	t)						2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH		
	Clarence Byre	1 - 6 -1996 TEAN			9:05 AM								
	4. SOCIAL SECURITY NUMBER	5. SEX					7. DATE OF BIRTI (Month, Day, N		8. BIRTH	PLACE (State or Foreign			
	246-62-4713   1 🖾 M 2 🗆 F   52 YRS.   MONTHS   DAYS   HOURS   MI						JRS MIN.	July 27	, 1943		oke Rapids,		
	9a. FACILITY NAME (If not institution, given		9b. CITY, TOY	VN OR LO	CATION OF D	EATH	9c. C0	UNTY OF D					
DIRECTOR	Holy Cross Hosp RESIDENCE OF DECEDENT	ital			Silve	r Sp.	ring		Mo	ntgom	ery		
EG	10e. STATE 10b. COU			10c. CITY,	TOWN OR LO	CATION				1	10d. INSIDE CITY		
E				Wash	ingto	n, D	C				LIMITS?		
AL	10e. STREET AND NUMBER					tor. ZIP			10g. C	ITIZEN OF W	WHAT COUNTRY?		
<b>E</b> 3	02 14th Street,	N.W. #622	2				20011			USA			
FUNEBAL	1t. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If yes	DECENDE , specify ( YES 2 X	Cuben, Mexica	NIC ORIGIN? (Spec an, Puarto Rican, e	Ify Yes or No— Ic.)	Black	— American Indian, c, White, etc.		
В	3 Widowed 4 Divorced		an on bares		1,0	LES LA	по зреси	,		Space	Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ide completed)	164	n. DECEDENT'S U	SUAL OCCUP	PATION 7 most of v	vorkina	16b. KIND (	F BUSINESS/I	NDUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of wo						~			
MP	12		C	onstruc	tion	-				_	ration		
	17. FATHER'S NAME (First, Middle, Last) Acie Byrd						MOTHER'S NA OXIE	ME (First, Middle, A	falden Surname	)			
BE	19a. INFORMANT'S NAME (Type/Print)			T 195 MAILING	Inness (co.			Route Number, City	or Tours State	Zin Codel			
5	Katherine Byrd							22 Wash					
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 R	amount from State		ACE AND DATE OF		N (Neme of		DATE 2	Oc. LOCATION	— City or To	wn, Stata		
	4 Donation 5 Other (Specify)	THOUSE HOME STATE	Wash	y, cremetory or oth nington N	ational	Ceme	etery 1/	17/96	Suitland	MD			
	21, SIGNATURE OF UNEFIAL SERVICE	LICENSEE		1	22. NAM	E AND AD	DRESS OF FA	CILITY	×-1 Co				
	- Kus mie	Lilas	un	c/				ang Fune			DC 20019		
	23. PART I. Enter the diseases, o	of gomplications the	t caused the	Do no									
	stropk, or heart failur	W List only dry cau	se on each	0							Interval Batween Onset and Daath		
	23. PART I. Enjoythe diseases, or/complicatory that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, alto a consequence of the mode of dying, such as cardiac or respiratory arrest, and proximate interval Batween on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death)	DUE TO	OR AS A CO	NSEQUENCE OF	:	4							
Z	Sequentially list conditions,	· acut	e 1	resp.	ivet	ove	y d	istre	55 0	Syno	down 724		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CO	NSEQUENCE OF		_/					111		
일	CAUSE (Disesse or injury	c. Due to	(OB AS A CO	40 CO	J 26	CI	dere	4			4 das		
Ē	that initisted events resulting in death) LAST	302 10	(011 10 11 00	TOLOGETTOE OF	•								
		d											
	PART II. Other significant condit	lons contributing to	death but r	not resulting in	the under	lying cau	use given in		AS AN AUTOPS ERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	diabel	45	/5/			-		10	ES 2 (1)40		COMPLETION OF CAUSE DF DEATH?		
ME	Ch con.	-					-	— Y			1 _ YES 2 _ NO		
ž	DID TOBACCO USE CON	ITRIBUTE TO CA	USE OF [	DEATH YES	S NO	DE U	INCERTAI	N 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26.	PLACE OF DEATH	Check only	one)							
PHYSICIAN:	t □ YES 2 NO	1 Sinpetient 2	ER/Outpatie			Home 5	Residence	6 Other (Speci	ly)				
표	27. MANNER OF DEATH  1. Netural 5 Pending	28a. DATE OF (Month, E	Pay, Year)	28b. TIME INJU	IRY	WORK?	AT	26d. DESCRIBE	YRULNI WOH	CCURED			
BY	1 Netural 5 Pending 2 Accident Investigation						2 NO						
	3 Suicide 8 Could not	building,	of injury — i etc. (Specify)	At home, term, st	reet, tactory,	office		281. LOCATION ( City or Town		ber or Rural I	loute Number,		
COMPLETED													
립	and the same of th	YSICIAN: To the best of											
Š	2 MEDICAL EXAM	INER: On the beets of a	xamination an	d/or investigation	, in my opinie	on, death (	occured et the	time, date and ple	ice, and due to	the cause(s	a) and manner as stated.		
BE	296. SIGNATORE AND TITLE OF CERTI	TIER DI				290	LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)		
	Donna	Tullen	~ 7	MA		_	DZ	562	3	1-	6-96		
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type,	Print)	72 -		orpora	1	L	andone		
	DONN	APIT	TMA	NK	10	83	500 C	orpora	tella	ve 1	1d 20785		
	31. DATE FILED (Month, Day, Year)	S 32 FEGISTR	R'S SIGNATU	RED IN									
	- 7644 TA 100	- June	- Charlette.	THE PERSON									
											DHMH-16 Rev 1/89		

acceptance to the state of the

YEAR

9c. COUNTY OF DEATH

Montgomery

U.S.A.

Montgomery

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

Approximata

interval Between

**Onset and Death** 

minutes

M.n.tos

Years

Y-2015

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 - YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

January

COMPLETION OF CAUSE

**Illinois** 

10g. CITIZEN OF WHAT COUNTRY?

0:32

2. DATE OF DEATH

29c. LICENSE NUMBER

D43414

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

296. SIGNATURE AND TITLE OF CERTIFIER

Ma

BE

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1. DECEDENT'S NAME (First, Middle, Lest) (Virginia Pauline

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	te be executed within 24 ho
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N OF VITAL RECORDS,	The law requires that the death certif
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DIVISION	C
	-
	SPITAL OR ATTENDING PHYSICIAN-
	9

JAN 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) S. SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS 1 M 2 X F 361-14-0991 70 Jan. 23. 1925 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Hvattsville FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 3700 Nicholson Street 20782 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 🕅 Married BY 1 TYES 2 X NO Specify 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementary/Secondary (0-12) ege (1-4 or 5+) 4 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George F Egner Elizabeth BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Eugene M. L. Boseck, Sr. 3700 Nicholson Street, Hyattsville, Maryland 20782 after death. Page 6 may be 2 20s. METHOD OF DISPOSITION
1 Surfat 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must director, Fort Lincoln Cemetery 1/16/96 Brentwood, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Francis Gasch's Sons Funeral Home, P.A. filled in by the fion. or removal. Tase 4739 Baltimore Ave., Hyattsville, MD 20781 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. SIN 6 **IMMEDIATE CAUSE (Finel** and completely fille burial, cremation. traumatic event, the disease or condition resulting in death) Cardiopulmonary Arrest DUE TO (OR AS A CONSEQUENCE OF) PSYSTOLE
DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, 0 If any, leading to immediate prior Tachemia Heart
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury or other attending phy that initiated events resulting in death) LAST Hypertension the atten Mental H Item 23 shows any Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Mellitis 1 X YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **EXAMINER?** HOSPITAL: OTHER-1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 9 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, this c 1 🔀 Netural 1 YES 2 NO After the BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED DIRECTOR: hours after 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29s. CERTIFIER
(Chack anily

1 To CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated

SS OF PERSON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32. BEGISTRANS SIGNATURE

1106

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Beseck)

DHMH-16 Rev 1/89

10, 1996

Contract to the second

y filled in by the fution, or removal. cremation, rsician and completely prior to burial, cremati the attending physician Mental Hygiene prior to and a signed t this c DIRECTOR: After the hours after death vitem 28 is mark

FUNERAL within 72 h =

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De filed within 7.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BUNCH KATHLEEN 1996 4:00 A JANUARY 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 🙀 F 72 243-28-6743 September 8 ,1923 North Carolina permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGE'S 5100 Paducah Road College Park RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland TY YES 2 NO Prince George's College Park 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5100 Paducah Road the burial-transit 20740 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, afc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White 1 TYES 2 TO NO Specify: ВУ 3 Wildowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 166 KIND OF BUSINESS/INDUSTRY nse (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Bethesda Naval Research 10 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached 12 Purchasing Agent Hospital 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to Sherrill Munday Beulah Messick 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rebecca Bunch Bender 56 Waddell St. Atlanta, Georgia 30307 pe 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from Stata
4 ☐ Donation ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 1/22/96 PATE complant cramatory or other place) 20c. LOCATION - City or Town, Stata must Arlington National Cemetery Arlington, Va. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home - 4739 Baltimore Avenue, Hyattsville, Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. Onset and Daath IMMEDIATE CAUSE (Final the disease or condition ... Generalized ATheroscleratic Cardiovascular Disease
DUE TO (OR AS A CONSEQUENCE OF): years resulting in death) event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TES 2 NO Shows s certificate has been s th the State Dept. of Hi d, or item 23 show 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIER Benger MD 29c. LICENSE NUMBER D25925

2 KMEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29d DATE SIGNED (Month Day Year) Danuary 9, 1996

ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7720 WISCONSIN AVE, RETHESDA, Md. 20814 J. BERGER MD #205

1 \_ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the filme, data and placa, and due to the cause(a) and manner as stated.

31. DATE FILED (Mornin, Day, Year) 1996



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	REGISTRAR		CERTIF	CATE O	F DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)	1	0.			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	05% 10.000	0.0	WN	1	011	0 19	96	11:45 4"	
	579-28-7299	I □ M 2 🗓 F 8	n yrs. last birthday)  3 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) Sept. 20	1912	8. BIRTH Country	PLACE (State or Foreign Virginia	
~	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOW	N OR LOCATION OF O	EATH		NTY OF DE		
DIRECTOR	Magnolia Gardens N	ursing Home			Lanham		Prin	ice G	George's	
H	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LO				$\neg \neg$	10d. INSIDE CITY LIMITS?	
ō		George's		Blade	nsburg				1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5999 Emerson Stre	et		101. ZIP CODE 20710			U.S.A			
5	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS (	ECENDENT OF HISPA specify Cuban, Maxico	NIC ORIGIN? (Specify )	es or No-	14. RACE	— American Indian, , White, etc.	
BY	3 📉 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		103	ES 2 X NO Specif	y:		Specif		
읩	15. DECEDENT'S EDUCAT (Specify only highest grade col		18a. DECEOENT'S (Give kind of v	rork done during	TION most of working	16b. KIND OF B	USINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	sewife		Own	n Home	<u>.</u>		
OM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE C	Joseph A. Lupton					B. Werner				
2	Claude E. Shifflet	t, Sr.	7730 E	ridle	Path Circ	Route Number, City or To le, Frede	own, State, Zip rick,	MD 2	21701	
	20a. METHOD OF DISPOSITION 1 \( \text{N} \) Burisl 2 \( \text{Cremation} \) Cremation 3 \( \text{Ramova} \) Ramova 4 \( \text{Donation} \) Donation 5 \( \text{Other (Specify)} \)	of from State 20b.	PLACE AND DATE C	PEDISPOSITION	Name of	DATE 200. I	OCATION —	City or Tox	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1			CIUTY S Sons Fi				
	· Charles 7	-, Bell		4739	Baltimore	e Ave., Hy	attsv	ille	e, P.A. , MD 20781	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused at only one cause on as	the deeth. Do n	ot enter the	node of dying, suc	h as cerdiac or res	piratory srr	est,	Approximats Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	Acusto	stop	in S	Krombo	tic			Onset and Death	
ı	resulting in deeth) a	DUE TO (OR AS A	CONSEQUENCE OF	1:		7/4				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  D. Atria O. Fibrillation  OUE TO (OR AS A CONSEQUENCE OF):  C. Ele Analyte's imbackance  C. Solo Analyte's									
S	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	- XX CNDS	ey tes	0//-	balance	2				
E	that initieted events resulting in death) LAST		CONSEQUENCE OF	):						
E I	d	anema								
¥	PART II. Other eignificant conditions of	ontributing to deeth bu	it not reculting i	n the underly	ing ceuse given in	Part I. 24a. WAS / PERF	N AUTOPSY ORMEO?	1500	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDICAL						1 YES	2 XNO		OF DEATH?	
Σ	DID TOBACCO USE CONTRIE	PLITE TO CALISE OF	DEATH VE		C UNICEDTAIN				1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF OEAT			N L L				
Sic		IOSPITAL:	itlent 3 DOA	OTHER:	ome 5 🗆 Rasidence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - building, atc. (Specif	— At home, farm, a	treet, factory, of	fice	28f. LOCATION (Stree City or Town, State		or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (	N: To the best of my knowle							and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)	
O BE	ak ibn	ME			7140	705	<b>&gt;</b> /	1/10/	96	
2	30. NAME AND AGORESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	LOCALIC	4111 0	- llan	in f	20140 rh, Md	
	31. DATE FILEO (Month, Day, Year)	32 ARGISTRAP'S SIGNA	TUR	7411	UK SHUE	4111 CC	neg	x ja	ill illa	
- 1	JAN 16 130	James and the	A A STATE OF THE PARTY OF THE P						ļ	

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

ician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
r attending phy	use as the bur		
by the hospital o	be detached for		at once.
nay be retained	; page 5 should		st be notified
death. Page 6 r	e funeral director	'n.	examiner mus
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tely filled in by th	The filed within 72 hours after death with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed	ician and comple	for to burial, crei	raumatic even
death certificate	e attending physi	lental Hygiene pr	ury, or other t
requires that the	en signed by the	of Health and M	shows any Inju
SICIAN: The law	certificate has by	the State Dept.	1, or item 23
ATTENDING PHY	CTOR: After this	after death with	28 is market
HOSPITAL DR /	FUNERAL DIRE	within 72 hours	TANT: If item
E THE	D THE	the filed	IMPOR

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTM				HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)			BYNL	M	2. DATE OF MONTH	DAY	1996	3. TIME OF DEATH 9:40 PM					
_		SEX  6. AGE (In yrs.  1 M 2 F 29  t and number)	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF (Month, D	BIRTH (ay, Year) 25 1	a. BIRT Cour 966 To	HPLACE (State or Foreign try) Deka KS DEATH					
СТОВ	Prince Georges Hos	spital			Cheverly PRINCE GEORGE'S									
AL DIRECTOR	Maryland Prince	e Georges		Verly	ZIP CODE		10	og. CITIZEN OF	10d. INSIDE CITY LIMITS?  1  yes 2  NO WHAT COUNTRY?					
FUNERAL	2316 Belleview Ave.  20785  USA  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE—													
ВУ	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES		If yes, spe	Cuban, Mexica	n, Puerto Rici		Spe	ck, White, etc.					
COMPLETED		npleted) Coffege (1-4 or 5+)	Give kind of work life. Do NOT use re	done during mo tired.)	t of working		ND OF BUSINE		7.7					
COM	17. FATHER'S NAME (First, Middle, Last)	years D	ata Enti	y oper	18. MOTHER'S NA		OVERNIM dle, Meiden Sun							
TO BE	A.C. Joe Bynum  Mavora Barnes  196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)													
_	A.C. Bynum 2316 Belleview Ave. Cheverly, MD 20785  200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of 200. LOCATION — City or Town, State													
	Burial 2 Cremation 3 Removal from State   Cemetery, crematory or other place    Condition 5 Other (Specify)													
	Humberly C. Busck-Tonic 7474 Landover Road Landover, mD 20785													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  S. RENAL FAILURE, WITH COMPLICATIONS  DUE TO (OR AS A CONSEQUENCE OF):  Approximate Interval Batween Onset and Dasth  5 **YEARS**													
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
ERT	that initiated events resulting in deeth) LAST													
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	TOPSY 2/ D?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO											
N. P	DID TOBACCO USE CONTRIE				UNCERTAI	N 🗆								
SICI		IOSPITAL:  Inpatient 2 FR/Outpatien		THER:	• 5 🗌 Residence	8 Other (5	Specify)							
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT RK?		RIBE HOW INJU	IRY OCCURED						
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	ZES 2 NO	28f. LOCATI City or	ION (Street and Town, State)	Number or Rura	Route Number,							
COMPLET	anal	in: To the best of my knowledge							(a) end manner as stated.					
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER				DZ59	MBER 25	29	De Jane Signe	ony 9, 1996					
=	JERGER #205, 7720 WISCONSIN AVE BETHESDA, Md 20814													
	31. DATE FILED (Month, Day, Year) 1996	32 AEGISTRAR'S SIGNATUR					11100							

Shakmant : Well Al 42

BALTIMORE, MARYLAND 21215-0020

. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MAR		DEPARTME RTIFICA			MENTAL HYG							
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	ТН		3. TIME OF DEATH				
3	VIOLA	R.		CARE	7		JANUARY	20	1996	1:15 A M				
- 1			VGE (In yrs. last t	birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye	Н	BIRTHPLACE (State or Foreign Country)					
		1 M 2 K F	77	YRS. 2/28/18						" DE				
œ	9e. FACILITY NAME (If not institution, give stre			9b. C		R LOCATION OF DE	EATH	9c. C	OUNTY OF D					
2	Berlin Nursing I	Home			Be	rlin			Worce	ester				
DIRECTOR	10a. STATE 10b. COUNTY			toc. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY				
		cester		Bei	<u>ʻlin</u>				1X YES 2 □ NO					
FUNERAL	10s. STREET AND NUMBER	111 1			101	. ZIP CODE		10g. (	10g. CITIZEN OF WHAT COUNTRY?					
N.	8904 Worcester	12. WAS DECEDENT EV	ED IN U.S. ADMI	ro I.		21811			7	SA				
	1 Never Married 2 Married	FORCES? 1 1	rES 2 NO		If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specifican, Puerto Rican, atc	y Yea or No- :.)	Black	— American Indian, k, White, etc.				
BY	3 X Widowed 4 Divorced	W 123, OVE WAY	A DATES		I LI YES	2XXXIO Specify	y:		Spec	white				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	(Give	EDENT'S USUAL	ne durina ma	ON st of working	16b. KIND O	F BUSINESS	INDUSTRY					
Ä		College (t-4 or 5+)	75.00	Oo NOT use retired			- L							
N N	17. FATHER'S NAME (First, Middle, Last)		П	ead Ho	usek		Me (First, Middle, Mi							
	Eligha E. Melson						. Daise		·e)					
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILINO ADDRI	SS (Street a		Route Number, City o		Zio Code)					
2	Virginia Lee Tay	lor	F	O Box	4523	Salisbu	ry, MD	2180	)3					
	20s. METHOD OF DISPOSITION 1   XBurtal 2   Cremetion 3   Removal from State 20b. PLACE AND DATE OF DISPOSITION   Name of Camplety or other place!													
	1 XBurial 2 Cremetion 3 Removed from State 4 Donation 6 Other (Superi)  21. SIGNATURE OF PINCE LICENSEE  Cametery, cremetery or pither place) Sunset Memorial Park 1/22/96 Berlin, MD  22. NAME AND ADDRESS OF FACILITY													
	Burbage Funeral Home 108 Williams St. Berlin, MD 21811													
_	10 XIN/2	urage			108	Williams	St. Ber	lin, A	AD 2	1811				
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	mplications that coust only one couse of	used the deet on each line.	h. Do not ent	er the mo	de of dying, suc	h as cardisc or r	espiratory	arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Finel disease or condition	D	15	/	2 2		111	/		Onset and Death				
	resulting in desth)													
z	Leonoram Britaras chenno num													
일	Sequentisity list conditions, if sny, leading to immediate	OUE TO (OR	AS A CONSEOU	ENCE OF):										
2	CAUSE (Disesse or Injury	2	1791	2-17	5	11/1/	Lus	rly	7 8	ms				
CERTIFICATION	that initiated events resulting in death) LAST	DOL TO (ON )	AS A CONSEGU	ENCE OF					•	/				
	DARK II Osh a startillare a san Mal													
SA	PART II. Other significent conditions	contributing to deal	th but not res	ulting in the	underlying	cause given in		S AN AUTOPS	SY 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă							1 🗆 YE	S 2 X NO		COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI	BLITE TO CALISI	OF DEATH	U VEC □	NO E	LINICEDTAIN				t 🗆 YES 2 💢 NO				
AN I	25. WAS CASE REFERRED TO MEDICAL	BOIL TO CAUSE		OF DEATH (Che		UNCERIAII	<u>и П ]</u>							
Sic		HOSPITAL:	Outpetient 3	DOA 4 X N		5 🗆 Residence	6 Other (Specify)	1						
E	·V	28a. DATE OF INJU (Month, Day, Ye		28b. TIME OF INJURY	28c. INJ		28d. DESCRIBE H		OCCUREO					
ВУ	1 X Natural 5 Pending 2 Accident Investigation			M	1 🗆 1	ES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home Specify)	, farm, street, t	ectory, office		28f. LOCATION (St City or Town, S	reet and Num State)	ber or Rural F	loute Number,				
COMPLETED	29a. CERTIFIER													
Table Certified (Check only one)  1 XCERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEGICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
	290. SIGNATURE AND TITLE OF CERTIFIER				, opinion, o					AV THE LEAVE TO				
8	1	2-2		6		DO2026	IBEH	29d. 0	ATE SIGNED	(Month, Day, Year)				
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE)	27) (Type, Print)		202020		1 5/1	カルー					
	FEDERICO G. ARTHES,		OCEAN	PINES	BERI	IN,MD 21	1811 410	)-641-	-4400					
1	JAN 23 1996	32. REGISTARDIO S	UGNATURE	4 1										
	JAN 23 1996 Feli Sinien Russe													

DHMH-18 Rev 1/89

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	CE	ERTIF	ICAT	E OF	DEAT	ANU N	MEN IAL	REG. NO.	Ė.			
	1. OECEDENT'S NAME (First, Middle, Lest) Donald R	Cull.	ey						MONTH	OF DEATH	3,199	YEAR 36	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE C	OF BURTH	7	s. BIRTN	PLACE (State or Foreign	
	215-34-6086	1 - M 2 - F	56	YRS.		1				16 19	39	MARYI	ĽAND	
œ	99. FACILITY NAME (If not institution, give s	4 11			96. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DE	EATH	
OT:	North Arund	el Hosp	1tal		9	len	Du	m	1e		HY	me	Hrundel	
DIRECTOR	10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION		-				10d, INSIDE CITY LIMITS?	
		ARUNDEL		ANN.	APOL	JIS							1 AYES 2 NO	
RAL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	418 A CAPTAINS C	IRCLE 12. WAS DECEDENT E						401						
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 N		13.	If yes, spe	cify Cube	n, Mexican Specify:	, Puerto R	(Specify Yes icen, etc.)	or No—	14. RACE Black Specif BLAC		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12th 0 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CRAIN OPERATOR  BETHLEHEM STEEL CORP.  17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Meiden Sumame)														
										CORP.				
BE COI	Tr. FATNER'S NAME (First, Middle, Lest)  GEORGE CULLEY  18. MOTNER'S NAME (First, Middle, Meiden Surrame)  ELIZABETH SHARPS													
	198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
LOIS M. CULLEY  418 A CAPTAINS CIRCLE ANNAPOLIS, MD. 21401											401			
	20e. METNOD OF DISPOSITION  1½ Burlel 2 Cremetion 3 Rem. 4 Donation 8 Other (Specify)	oval Irom State	20b. PLACE A cemetery, crea	matory or ot	her place,	1		1.104	DATE			Clly or To		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  HTLL CREST CEMETERY 1/24/1996 ANNAPOLTS, MD.													
30	Harry 1. Lease REESE & SONS MORTUARY, P.AA. 821 WEST ST. ANNAPOLIS, MD. 21401													
	23. PART I. Enter the diseases, or cannot shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	Lbro As A CONSEC	•							atory sm	est,	Approximata interval Between Onset and Death 5 days	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEC	DUENCE OF	7):	e ma	ton	na					5 days	
	PART II. Other significant condition	s contributing to de	eth but not re	eeulting i	n the u	ndarlying	cause g	iven in P	Part I.	24a. WAS AN /		24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Uremia									PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME										•			1 TES 2 NO	
AR	DID TOBACCO USE CONTE	RIBUTE TO CAUS					UNC	ERTAIN						
S	EXAMINER?	HOSPITAL:		E OF DEAT	OTHE	R:								
H	27. MANNER OF DEATN	1 Inpetient 2 EF	URY	28b. TIME	E OF	28c. INJU		-	28d, DESC	(Specify)	JURY OCC	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	(bar)	INJI	M	1 🗌 Y	RK? ES 2							
	3 Suicide 6 Could not be determined	28e. PLACE OF IN	IJURY — At hor (Specify)	me, larm, s	treel, lec	tory, office			281. LOCA City or	TION (Street er Town, Stele)	nd Number	or Rural Ro	oute Number,	
ا پ	290. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the bast of my	knowledge, des	ith occurre	d at the t	time, date	end place,	end due I	o lhe ceus	e(e) end menr	or as state	ed.		
GL 11													and manner as stated	
OMF	one) 2 MEDICAL EXAMINE												ond manner or stated.	
E COMPLETE	2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUME			29d, DATE		(Month, Day, Year)	
띪	296. SIGNATURE AND TITLE OF CERTIFIER  Moules	veldem					29c. LICE	463	58		► Jo	E SIGNED	(Month, Day, Year)	
	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND AGORESS OF PERSON WHO	veldem		1 27) (Type,	Print)		29c. LICE	463	58		► Jo	E SIGNED	(Month, Day, Year)	

Marilian Radall

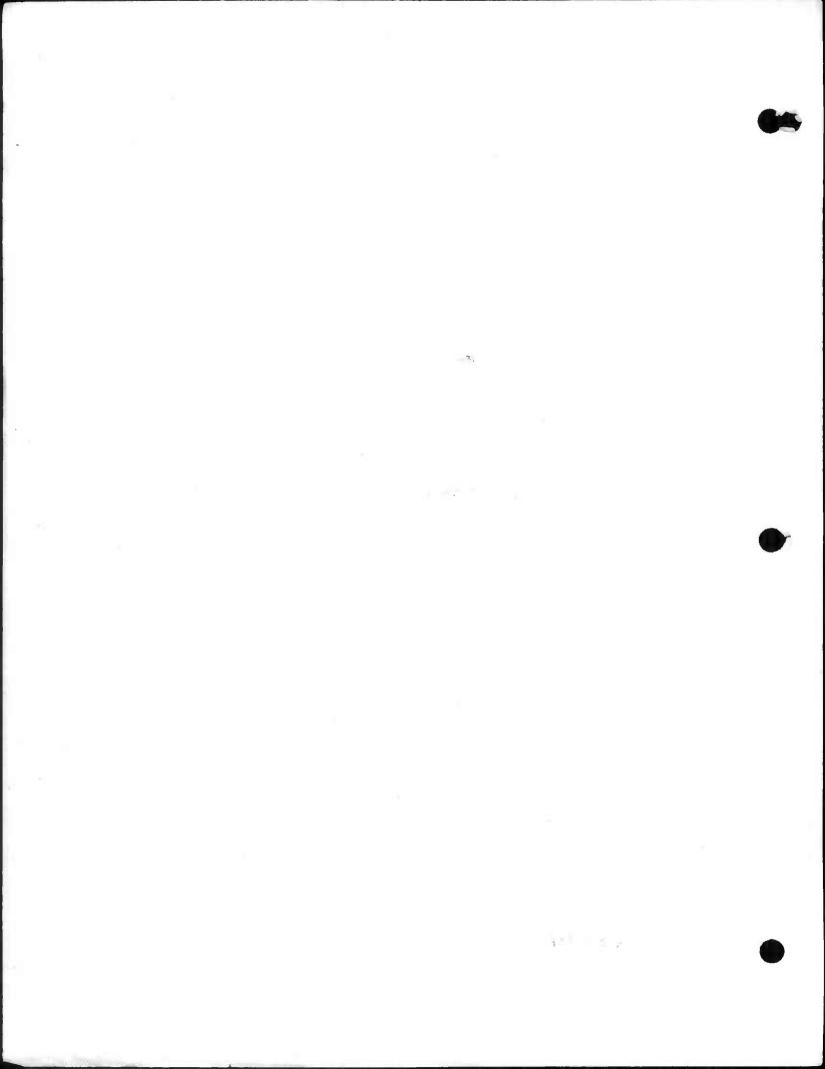
STATE OF MADVI AND / DEDARTMENT OF HEALTH AND APPAREL INVOICE

## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE H	TO THE FI	IMPORTA	

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	Edna Mar	ie	Crum			January 1		9:30 PM					
	4. SOCIAL SECURITY NUMBER	The second second	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)					
	217-10-0613	1 □ M 2 💢 F	74 YRS.	MONTHS DAYS	HOURS MIN.	April 21,	1921 i	Maryland					
OC.	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF D	EATH	9c, COUNTY						
DIRECTOR	Frederick Memori	.ai Hospitai		Fred	Frederick Frederick								
REC	10e, STATE 10b, COUNTY	1	10c. CI7	TY, TOWN OR LOCA	TION		10d. INSIDE CITY						
	Maryland	Frederick		Walke	rsville			1 YES 2 NO					
RAL	10e. STREET AND NUMBER	land Dani		10	1. ZIP CODE	0.0		OF WHAT COUNTRY?					
FUNERAL	8812 Biggs F	12. WAS DECEDENT EVER			217			ted States  RACE - American Indien,					
	1 Never Merried 2 Merried  1 Never Merried 2 Merried  1 Never Merried 2 Merried  1 VES CIVE MAD OR DATES.												
В	3 Wildowed 4 Divorced	IF TES, GIVE WAN ON	DATES	1 TES	NO Specif	У		Specify: White					
Œ	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND OF BU	SINESS/INDUST						
F	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	II om or	naker		Own H							
COMPLET	17. FATHER'S NAME (First, Middle, Lest)												
BE C	DeHaven Samue	1 Toms, Sr.			Myrt	ME (First, Middle, Maiden le Marie	Fogle						
10 B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street e		Route Number, City or Tow	n, State, Zip Coo	fe)					
٦	Anthony W. Crum	1	8812	2 Biggs	Ford Rd	./ Walkers	ville,	Md. 21793					
	20e METHOD OF DISPOSITION  Suriel 2 Cremetion 3 Remo	oval from State	Ob. PLACE AND DATE	OF DISPOSITION (Na	ame of		CATION — City						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    A   Donstron 6   Other (Specify)   Resthaven Memorial   1/20   Frederick, Marylan   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Stauffer Funeral Home												
		10/											
	23. PART I. Ends that diseases, or complications that caused that death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximent												
	arock, or haart failure. I	List only one cause on	aach lina.	not antar tha mo	da of dying, auc	h as cardiac or respi	ratory arrest,	intarval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  s. VRTEBRY OSTEDWELTS												
Z	Sequentially list conditions,	s											
PA	if any, lasding to immediate csuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):									
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	ค:									
FR	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
<b>5</b> I	reaulting in death) LAST	1											
	PART II. Other aignificant conditions	d	but not resulting	in the underlying	n Causa olyan in	Dard I Dr. WAR AN	ALITOROV						
	PART II. Other aignificant conditions	d	but not reaulting	in the underlying	g cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE					
	PART II. Other algorificant conditions  DIABUTES, See	a contributing to death	AUTO:	MUNE	HUPATITE	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?					
MEDICAL	PART II. Other aignificant conditions	SUPPOSE	A C DU	FF ENTE	LACPATIT	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MEDICAL	PART II. Other algnificant conditions  DIABUTES, SE  TRANSITIONER	BADDE CRIBUTE TO CAUSE	OF DEATH YE	FF ENTER	LACPATIT	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?					
MEDICAL	PART II. Other algnificant conditions  DIABUTES, SE  TRANSITIONARE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	BADDE CRIBUTE TO CAUSE OF TO C	OF DEATH YE  26. PLACE OF DEATH  ripetient 3 □ DOA	ES NO THER:	UNCERTAIN	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 ONO					
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions  DIABOTES, SE  TRANSITIONARE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BADDE CRIBUTE TO CAUSE	OF DEATH YE  26. PLACE OF DEA'  ripetient 3 □ DOA	ES NO THER: 4 Nursing Hom BE OF 28c. INJ WAY WO	UNCERTAIN  S = Residence  UNRY AT  RK7	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 ONO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIABOTES, SE  TRANSITIONAME  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Augural 5   Pending Investigation	BADDER  RIBUTE TO CAUSE  MOSPITAL: 1 Inpatient 2 ER/OU  28e. DATE OF INJURY  26e. PLACE OF INJURY	OF DEATH YE  26. PLACE OF DEAT  ripetient 3 □ DOA  28b. TIM  NJ	ES NO THER: 4 Nursing Hom BE OF 28c, INJ WO 1 1	UNCERTAIN  S   Residence  URY AT RK7  YES 2   NO	PERFOR	NO NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIABOTES, SE  TRANSITIONAME  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Augural 5   Pending	BLADDER  RIBUTE TO CAUSE  HOSPITAL:  1 Supplient 2 ERVOU  280. DATE OF INJURY	OF DEATH YE  26. PLACE OF DEAT  ripetient 3 □ DOA  28b. TIM  NJ	ES NO THER: 4 Nursing Hom BE OF 28c, INJ WO 1 1	UNCERTAIN  S   Residence  URY AT RK7  YES 2   NO	PERFOR	NO NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIABATCS SE  TRANSTOCIONE  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Algtural 5   Pending Investigation 2   Accident 3   Suicide 6   Could not be determined	BADDER  RIBUTE TO CAUSE (  HOSPITAL: 1 Inpatient 2 ER/OU  28e. DATE OF INJURY (Month, Day, Yeer)  26e. PLACE OF INJURY building, etc. (Sp	OF DEATH YE  26. PLACE OF DEAT  **Typetleni 3 □ DOA  28b. TIM  NJ  37 — At home, farm, is  specify)	FF NO THE CONTROL OF	UNCERTAIN  S S Residence UNRY AT RK7 YES 2 NO	PERFOR  1 VES 2  5 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street of City or Town, State)	NO N	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO					
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIAGONOMIC  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Augural 5   Pending Investigation 2   Accident 3   Suicide 6   Could not be distermined  29e. CERTIFIER (Check only)	BUTE TO CAUSE (  RIBUTE TO CAUSE (  HOSPITAL: 1 Unpatient 2 ERVOU  28e. DATE OF INJURY (Month, Day, Yeer)  26e. PLACE OF INJURY building, etc. (Sp	OF DEATH YE  28. PLACE OF DEA  A Tepetient 3 DOA  28b. TIM  3Y — At home, farm, in  weldge, deeth occurrence.	ES NO THE (Check only one)  OTHER: 4 Nursing Hom BE OF WO M 1 Nursing Hom street, fectory, office	UNCERTAIN  S S Residence UNCY AT RK7 YES 2 NO  and place, end due	PERFOR  1 VES 2  5 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street of City or Town, State)  to the cause(s) end man	NO N	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO					
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIAGONOMIC  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Augural 5   Pending Investigation 2   Accident 3   Suicide 6   Could not be distermined  29e. CERTIFIER (Check only)	BADDE CRIBUTE TO CAUSE (Month, Day, Year)  28e. PLACE OF INJURE (Month, Day, Year)  28e. PLACE OF INJURE (Month, Day, Year)  28e. PLACE OF INJURE (Sp. 1)  2	OF DEATH YE  28. PLACE OF DEA  A Tepetient 3 DOA  28b. TIM  3Y — At home, farm, in  weldge, deeth occurrence.	ES NO THE (Check only one)  OTHER: 4 Nursing Hom BE OF WO M 1 Nursing Hom street, fectory, office	UNCERTAIN  S S Residence UNCY AT RK7 YES 2 NO  and place, end due	PERFOR  1 YES 2  6 Other (Specify)  2ed. DESCRIBE HOW is  2ef. LOCATION (Street en City or Town, State)  to the cause(s) end man time, date and place, en	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO  ED					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIAGOTON  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 2   Accident 3   Suicide 6   Could not be determined  29e. CERTIFIER (Check only One) 2   MEDICAL EXAMINER  29b. BIGHATURE AND TITLE OF CERTIFIER	BADDE (RIBUTE TO CAUSE (Month, Day, Year)  28e. PLACE OF INJURY 26e. PLA	OF DEATH YE  26. PLACE OF DEA  Intertent 3 DOA  28b. TIM  RY  At home, farm, intertent in the court  operation of the court  on end/or investigation	ES NO THE CONTROL OF	UNCERTAIN  5   Residence  URY AT  RK7  YES 2   NO  e and place, end due eath occured at the	PERFOR  1 YES 2  6 Other (Specify)  2ed. DESCRIBE HOW is  2ef. LOCATION (Street en City or Town, State)  to the cause(s) end man time, date and place, en	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO  ED  LUTEL ROUTE Number,					
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DIABOTES  TRANSITIONAR  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Augural   5   Pending Investigation   3   Sulcide   6   Could not be determined  29e. CERTIFIER (Check only One)   2   MEDICAL EXAMINER  29b. BIGHATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	RIBUTE TO CAUSE  CREATE	OF DEATH YE  26. PLACE OF DEA  ripetient 3 DOA  ( 28b. TIM  NY — At home, farm, is ecity)  on end/or investigation  on end/or investigation	FF POTES  S NO THER: 4 Nursing Hom BE OF WO M 1 N Street, fectory, official at the time, detection, in my opinion, d	UNCERTAIN  TO S   Residence  TO	PERFOR  1 YES 2  6 Other (Specify)  2ed. DESCRIBE HOW II  2ed. LOCATION (Street e City or Town, State)  to the cause(s) end mar time, date and place, endependent	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO  ED  LUTEL ROUTE Number,					
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Augural   5   Pending Investigation   2   Accident   Investigation   3   Suicide   6   Could not be distermined  29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	RIBUTE TO CAUSE  CREATE	OF DEATH YE  26. PLACE OF DEA'  ripetient 3 □ DOA  28b. TIM INJ  3Y — At home, farm, rivecify)  on end/or investigation  EATH (ITEM 27) (Type,	ES NO THE CONTROL TO THE CONTROL THE CONTR	UNCERTAIN  5   Residence  URY AT  RK7  YES 2   NO  e and place, end due eath occured at the	PERFOR  1 YES 2  6 Other (Specify)  2ed. DESCRIBE HOW II  2ed. LOCATION (Street e City or Town, State)  to the cause(s) end mar time, date and place, endependent	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATHY  1  YES 2 NO  ED  LUTEL ROUTE Number,					



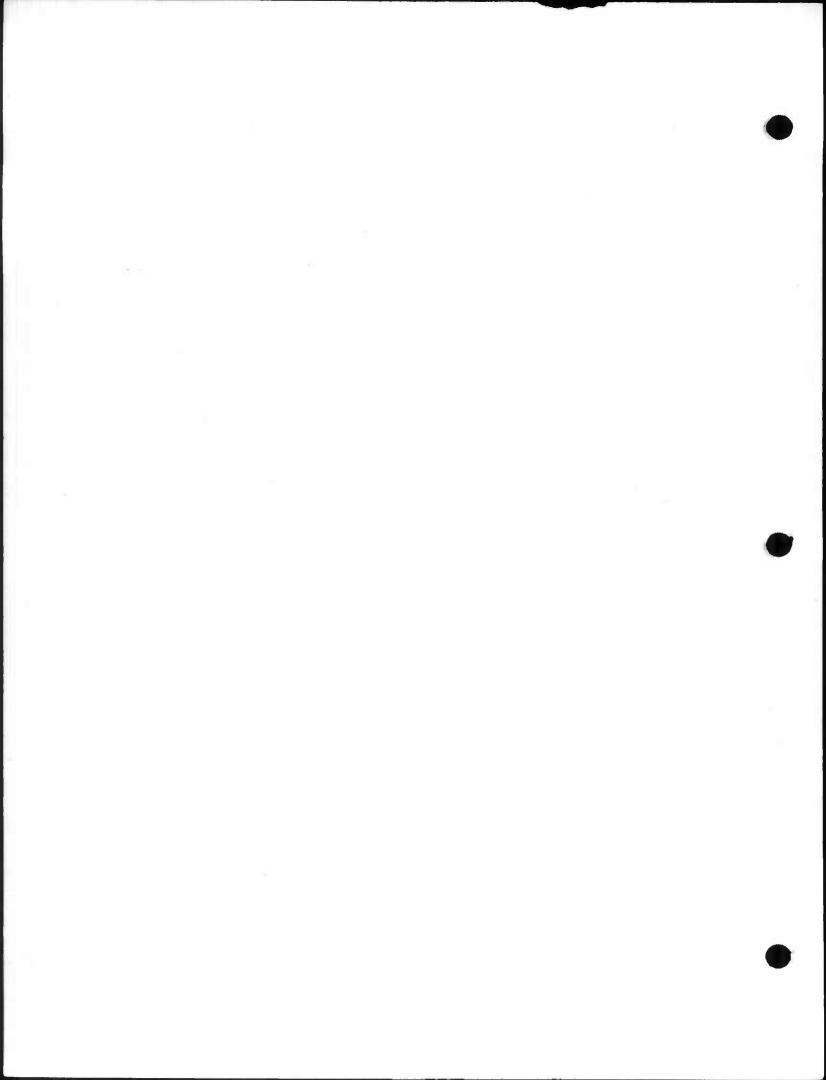
DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number DIRECTOR Shady Grove Adventist Hospital Rockville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Connecticut Hartford New Britain FUNERAL 10e. STREET AND NUMBER 50 Sachem Street as the burial-transit death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS FORCES? 1 YES 2 1 Never Married 2 Married BY 3 X Widowed 4 Divorced ED. 15. DECEDENT'S EDUCATION USe (Specify only highe H Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5 +) COMPL 10 Seamstress ONCE. 17. FATHER'S NAME /First Middle Last) Ħ Rosario Chiarenza notified 19a, INFORMANT'S NAME (Type/Print) 9 Linda Gravitt 90 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of t | Burial 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) must funeral director, examinor 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Williams prest the medical filled in by shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final traumatic event, the cremation, disesse or condition Pneumona. completely resulting in death) DUE TO (OR AS A CONSEQUENCE OF): bunal, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to If any, leeding to immediate cause. Enter UNDERLYING physician other t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events attending resulting in death) LAST 6 Mental 1 Injury. the MEDICAL signed by t Health and Artem Coronan Disease shows any of Health Renal the vien on In su peen Dept. PHYSICIAN: 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem State EXAMINER? certificate HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA PHYSICIAN: 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF with marked, this 1 Natural 5 Pending BY FUNERAL DIRECTOR: After within 72 hours after death Investigation 2 Accident OR ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is r 3 Sulcide COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS be filed within 72 hours at IMPORTANT: If Item 2 29b. SIGNATURE AND TITLE OF CERTIFIER 路 Ann 9 32 ABGISTRAS SIGNATURO 31. DATE FILED (Month, Day, Year) JAN 1 7 1996

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 illiAN LANUARY 4:10 pm 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Ybar)
June 8, 1912 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Sicily, 047-03-6106 1 M 2 X F 83 Italy 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 | NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 06053 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Dress Industry 18. MOTHER'S NAME (First, Middle, Maiden Surname) (unknown) Rose 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3823 Greenridge Drive, Monrovia, Maryland 21770 DATE 20c. LOCATION — City or Town, State comotory, cromatory or other place)
Saint Mary's Cemetery New Britian, Connecticut 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A., Funeral Home 26401 Ridge Road, Damascus, Maryland 20872 23. PART I. Exter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onsat and Death 2 wks PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 40 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) 4 ☐ Nursing Home 5 ☐ Rasidenca 6 ☐ Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Chack only
1 [V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 15 1996 Danyary D37891 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

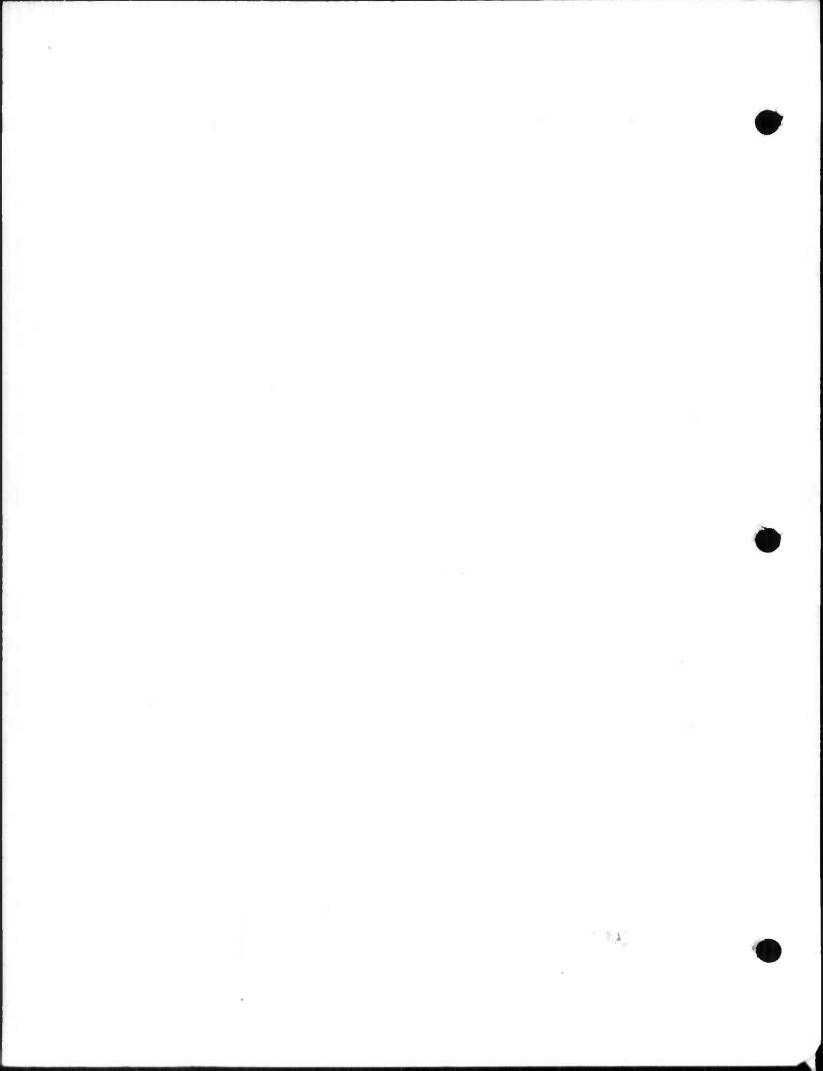
A RATVANSMI MD. 121 Congressional Ln # 409 Rockville, MD.20852



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SALTIMONE, MANTLAIND ZIZIS-0020	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1.23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE COURT, T.C. DOX COLOR	w requires that the death certificate be executed w	is has been signed by the attending physician and completely filled in by the fille bept, of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any injury, or other traumatic eve
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The IA	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Del	IMPORTANT: If item 28 is marked, or item 2:

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Lest) Ruth Mapes C						of DEATH		YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 H				7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign						
	078-10-0295	1 □ M 2 📈 F 96	YRS. MC	NTHE DAYS	HOURS MIN.	Nov.	y York						
	9a. FACILITY NAME (If not institution, give	atreet and number)	98	CITY, TOWN	OR LOCATION OF D		17,	-	NTY OF D				
DIRECTOR	Frederick Memor			Fre	ederick			F	rede	rick			
RE	10a. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT	ION					10d, INSIDE CITY LIMITS?			
		derick		1 TYES 2 NO									
RAI	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?			
FUNERAL	5538 Ballenger (				21703				ed S	tates			
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 TYES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	or No-	14. RACI	E — American Indian, k, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 X NO Specif				Spec	White			
										wille			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	. 14110 01 20	JINE 39/1110	OSIN1									
립	12	ra1	al Government										
0	17. FATHER'S NAME (First, Middle, Last)		Supervis		18. MOTHER'S NA	AME (First, I			COVE	Timere			
BE (	Lewis W. Heil				Grace	E1iz	abeth	Vano	stra	nd			
0 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural								
۲	Roberta E. Hors	sman	n 5538 Ballenger Creek Pk Frederick, MD 217										
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	4 Donation 8 Other (Specify)	How How State	illcrest	Memoria	1 Cemete	ery 1	/17/96	Ann	apo1	is, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE-LI	CENSEE		22. NAME AN	D ADDRESS OF FA	VCILITYS T	auffer	Fun	era1	Homes, P.A.			
	January D.	Samo		1621 0	nossumto	ם דשר P	ike I	rede	rick	, MD 21702			
	23. BART I. Enter the diseases, pr	complications the causer	the death. Do not	antar tha mo	da of dying, suc	h aa card	llac or reapi	ratory srr	est.	Approximata			
	snock, or haart failure.	List only one cause on e	sch ilne.	^			·			Interval Between			
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death)												
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	N'CICE						man			
z	habetes												
일	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	CAUSE (Disease or Injury	c											
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):										
CER	resolding in dawin) EAS1	d											
ALC	PART II. Other significant condition	na contributing to death b	ut not resulting in t	ha undarlying	cauae given in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS			
	None	_	_				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	7.0					_	1 TYES 2	₩ NO		OF DEATH?			
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	E DEATH YES	□ NO Þ	UNCERTAI	$\Box$				1 TYES 2 PT NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (		OTTOERIA			-					
SIC	1 TYES 2 NO	HOSPITAL: 11 Inpetient 2 ER/Outp		THER:	5 Residence	e C Other	e (Possibil						
È	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJ	JRY AT		CRIBE HOW I	NJURY OCC	URED				
BY	Neturel 5 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO					1			
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm, atree	it, factory, office	)		ATION (Street a	and Number	or Rural F	loute Number,			
MPLEIED	4 Homicide determined	building, atc. (Spec	ату)			Clty o	or Town, State)						
ן ל	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	ledge death occurred a	the time date	and place, and due	to the new	na(a) and ma		21				
Σ		ER: On the basis of examination								) and manner on eleter			
3	295. SIGNATURE AND FIXE OF CERTIFIE						1						
4	Marken	- MD			DZ 6	C P	,	ZVG. DATE	SIONED	(Month, Osy, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. Prin	10)	1000	11			11	110			
	M Kaphaela	m Min	801 108	01/ /	mse	#-17	6, 1	100	len	ik mo			
31. DATE FILED GADIEN DOWN MINT 1996 32. RECEISTRAN & SIGNATURE													



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

O A MALL		o to D Ti CL	17 10 101				Ce	rtificate	e of	Death			Reg. No.		2 6	000
Physic	ian	1. Decedent's Na	me (First, Midd	le, Last)								2. Date of De Month		Year	3. Tim	e of Death
Physic /Medi			WILM	Δ		CLARK									4.1	04PM_
Exami		4a. Feclity Name	(If not Institution	n, give stree		imber)				4b. City, To	wn, or Lo	ocation of Dea	th 4c. County	of Deeth	-	2-1-1-
		Princ	e Geor	ge's	Но	spital				Ch	eve	rly	Prin	ice G	eor	ge's
Funeral		5. Sociel Security	Number	8. Sex		7. Age (In yrs. I	est birthdey)	If Under			24 Hrs. Min.	8. Date of Bi	orth Year 920	9. Birthp	lace (Ste	ete or Fore
Director		217-05	-9475	1□ M	2 <b>X</b> F	75	Yrs.	Months	Days	Hours	Min.	A 11 (7 11 S	s+ 31	Penr	nny)	vani
2		Usual Residence	7									August 31, Pennsylvan				
E Po		10a. State SC	10b. County			10c. City	, Town or Le		N/ L	D1 -		- t-		1	.0d. Insid	le City Lim
a de	tol	SC	Chai	lest	on				Mt.	Ple	asa	nt			10	Yes 2
Astural, or Nems 23a or 28a-f show litted Examiner must be notified at	Director	10e. Street and N						10f. Zip	Code			10g. Citizen of What Country?				
82	a D	1580	Landir	ıgs R	un					2946	4		USA			
= =	Funeral	11. Maritel Status	1			edent Ever In U,	S. 13.	Wes Deced	ent of I	lispanic Orl	lgin? (Sp	ecify Yes or N		ce - Americ		n,
or the		1 Never Ma	rried 2 Mer	rled	Armed Fo	2X No	DX10					Hican, etc.)	Bla	ck, White,	etc.	Phite
	by	<b>3℃</b> Widowed	4 Divorced		If Yes, Gi Year or D	Ve		1∐ Yes 2	No L	Specify:			Specify	y: <del>Bla</del>	ek	
	Completed		15. Deceder	nt's Education	on		16a. Dece	dent's Usua	Occup	pation			16b. Kind of B	usiness/inc	dustry	
	pie	(Spi	ecify only highe				(Give	kind of wor DO NOT us	k done e retire	during mos	t of work	ding				
giene.	E	12t			College (	1-4or 5+)		Cor	nsu	ltan	t		P	riva	te	
other vent, ti	Be C	17. Fether's Name	e (First, Middle,	Last)						1		e (First, Middle	, Meiden Sumen	ne)		
200	0 8	Rob	ert Wa	lter	S						Mab.	Name (First, Middle, Meiden Surneme)  able Romesburg				
th and 7 is m treum	F	19a. Informant's	Name/Relations	ship (Type	Print)		19h Melli	na Address	(Street	and Numbe	er or Bur	r Rural Route Number, City or Town, Stete, Zip Code)				
		Grace	Pole/	Daug	hte	r	1580	Lan	din	gs R	un,	Mt. F	leasan	t, S	C 2	946
of Heal fitem 2 r other		20e. Method of Di	enceltion			20h Pi		osition (Nem				Date				
P H P		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, cremetory or other plece)														
ury in the		Burial 2X Cremation 3   Removal from State   Chesapeake Crematory 1/19   Beltsville											e,	MD		
Departm importa any inju		21. Signature of F	uneral Service	Licensee	0	1,	// 2	2. Name end			.,	-				
205 2 2		<b>▶\</b> 11.0	MUXIL	N	d	Dian	18/1	J. B	• J	enkı	ns .	Funera	1 Home		115	005
		23a. Pert1. Enter shock, or he	the disease, o	rcomplication	ons that	aused the death	. Do not en	ter the mode	e of dyi	ng, such as	cardiac	or respiratory a	Landov irrest,	er,	Approxi	imate /
hysician		SHOCK, OF HE	ert failure. List	only one ca	ause on e	each line.								i	Onset a	Betweer and Deati
/Medical	ш	Immediate Cause	(Final		1	-1016		110	-1	1.10		then			24	4 1
xaminer		Immediate Cause (Final disease or condition resulting in death)  e. Anoxi'c ence place gathy  Due to (or as a consequence of):  Ventry (ulary fileral attentions)  Due to (or as a consequence of):												w		
	ē				100	Due to (or	as a conse	quenca oue	10%	0-11	24	'can		1	46	21 -
Insit	盲	b. Ventricular pendalioni										70	· VY			
Iclan end burial-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events  Due to (or as a consequence of):  Coronary and fluency of Sease or Injury  Due to (or as a consequence of):								100110						
sician		Ceuse (Disease of	mmediate ferrying c. Coronary as fluory dia						1.50	spa st one				mo!		
ding physician end se as the burial-trar	edicai	d. AOTAC STRUOSIS, May								- 10	. 1					
attending p									3p1	ONTA	Sion		Spar	-5		
e atten	ian									′ – C	U			16	/	
by the ached	Physician	Part II. Other sign	ificant conditi	ons contribu	uting to d	eath but not resu	Iting in the u	inderlying ce	euse gi	ven in Part i	1.	23b. Dld	tobacco use co	ntribute to	the cau	se of de
ed by the datached												1 🗆	Yes ANO	3 Prol	bably	4 Unkr
igned be dat	by															
been signed b	Completed												an autopsy ormed?	eva	ere autop ailable pr	rior to
2 8	pie													of	mpletion death?	of cause
T @	E O											10	Yes 2 No	10	Yes	2 No
	BeC	25. Was case refe	erred to medica	1						26 Place	of Deet	h (Check only				
s certific director,	To B	examiner?	(No	Hosp	itel:	Inpatient 2 E	R/Outpetie	nt 3 DO	A Ott	hor:			Idence 8 Oth	or /Coor!	(4)	
E le		27. Manner of Dec		2	8a. Date		28b. Time o						how injury occur		//	
r death. ector: After by the funer	tior	1 Natural	5 Pendii investi	ng	(Mon	th, Dey Year)	Injury	М	Bc. Inju Wo 1 □	rk? ∣Yes 2⊟			,.,,			
death.	Certification:	2 Accident 3 Sulcide	6 Could	not be	Do Diace	of Injury - At hor	no form of					28f Location	Street and Numb	her or Pure	al Pouto I	Number
Olre in b	Ħ	4  Homlcide	detem	nined <	build	ing, etc. (Specify,	He, lann, su	reet, ractory,	, omca			City or To	wn, Stete)	JOI OF FIDIA	i rioule i	vuritoer,
vithin 24 hours after of the Funeral Direct tombletely filled in by																
within 24 hours after deat  To the Funeral Director: completely filled in by the	edical	29a. Certifier (Check only	t⊠-Certifyir 2  Medical	Examiner:	On the b	best of my know asis of examinati	ledge, deat on and/or in	h occurred a vestigation.	In my o	me, dete an	d place, th occur	and due to the	cause(s) and ma	anner as st	tated.	se(s)
the f	P	one)			and man	mer stated.							dato and praco,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50(0)
10 TO	Σ	29b. Signeture en	d title of certil	1.	1 -0	52/	Pr.	7 <i>0</i> ), 29c.	. Licens	se number	17		29d. Date signe	d (Month,	Day, Yes	ir)
(			2/10	1117	ASI"	1/00.50	ines for	va C	) -	456	15		01/10	0/0	16	
121		30. Neme and add	iress of person	who comple	eted caus	se of death (Item	23a) (Type	Print)						AMON	1006	M
		AKO		AI	171	4 R	770.	2	ni	Ho	150	Pal	DR.	160	4 10	1776
Ch	•	31. Date filed (Mo	-	110	32"	Registrar's Signet	ure -			1.10	Y	1 (00)	シト			0 12
Sta	165		A	MAA	24.1	Manage and lot										

Registrar

A Street - SEE .

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State of Maryland / Department of Health and Mental Hygiene 96 02589

borre

29d. Dete eigned (Month, Dey, Year) JANUARY 10, 1996

								Cei	rtificat	e of	Death			Reg. No.			
Г			1. Decedent's Nam	e (First, Midd	le, Last)								2. Date of De	ath		3. Time	of Death
	Physic /Medi		DAREL		CALI	AND	S						JAN.	0 7 .	1996	2:3	O AM
	Exami		4e. Facility Name (	If not Institutio	n, give street en	d number	r)				4b. City, To	wn, or Lo	cation of Deet	h 4c. Cour	nty of Deeth		
			SHADY (	GROVE	HOSPIT	AL					ROCK	VILI	E	MOI	NTGOM	IERY	
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs.						last birthday) If Under 1 Year If Under 24 Hrs					8. Date of Birth (Month, Day, Year)			e or Foreign
ľ.	Director		227-66-76	543	t¶ M 2□	F	48	Yrs.	Months	Days	Hours	Min.	July 3	1947	Virg:	inia	
ш.			Usuel Residence o	f Decedent									<i>J.</i>		11220		
	how		10a. State	10b. County				ty, Town or Location								10d. Inside	City Limits
	M e	Sto	Maryland	Prince	George	S	Temp	nple Hill							1	1 🗆 Yı	a ADNo
	h th	Director	10e. Street and Nu	mber				10f. Zip Code						10g. Citizen of What Country?			
	h wil		4417 Lyor	ns Stre	et			20748						Unite		tes	
	deat	Funeral	11. Meritel Stetus				t Ever in U,S.		Was Dece	dent of F	lispanic Or	igin? (Spe	city Yes or No	- 14. R	lece - Ameri		
0	offer Ar Ho	Ē	1 Never Marr	ied 200 Mar	ried 1X1	Armed Forcas? 1X Yes 2 No				ban, Mexican, Puerto Rican, etc.)			Black, Whi				
02	dr.	٤	3 🗆 Widowed	4 Divorcac	It Yes Year	or Datea:	Viet	1 □ Yes 2X No Specify: Nam					Specify: Black				
9	2 ho	P	(2)	15. Deceder	t's Education			18a. Decedent's Usual Occupetion						16b. Kind of	Business/In	dustry	
21215-0020	hin 7	Completed	Elementary/Seco		st grade comple	re <i>a)</i> ge (1-4or	5+)	(Give kind of work done during most of working life. DO NOT usa ratired)					ng	Metro	polita	an Tra	ansit
7	gien Fr th	0	12				.,		Opera	tor					stem		
þ	off A	Be	17. Father's Name	(First, Middle,	Lest)			18. Mother's Name (First, Middle, Meiden Surneme)							eme)		
<u>a</u>	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 23a-f show any folury or other traumatic event, the infectal Examiner man be nutified at announce.	To	Lewis Cal	llands							E1	len (	Calland	s			
Maryland		-	19a. Informant'e No	ame/Relations	hlp (Type, Print,		19b. Mailir	ng Address	(Straat	and Numb	er or Rura	/ Route Numb	er, City or Tow	m, Stata, Zij	Code)		
	aith a		Mary G. (	Calland	s			4417	Lyons	St	reet,	Temp	ole Hil	1, Mar	vland	20748	3
re	of He other		20a. Method of Disp				20b. Piac	4.001			ceCeme			20c. Location			
altimore,	Pages nent of h ant: If ite ury or of		1 LXBurial 2   4 □ Donation		3 ☐ Removal f	rom State		sant					1/14 1996	Hurt,	Viro	inia	
=	artm orter		21. Signetare of Fu			0069					ss of Fecili		1990	11010,	12161	LIIILU	
ä	Depariment of the population o	1	N/		۸.۸	0009	U				unera		ne				
_		_	NOC	warc	KMCC	us	an				Virgi						
			23a. Part1. Enter the shock, or hee	rt failure. List	only one ceuse	on each	line.	Do not ent	er the mod	ө от аун	ng, such as	cardiec c	r respiratory e	rrest,	1	Approxim Interval E Onset an	etween
¥	Physician /Medical		Immediata Cause (	(Einal			115	,									o Death
9	Examiner		disease or condition resulting in death)	n (I-HIGI	unp	ple Injuries of as a consequence of):											
		-	,				Due to (dr a	s a consec	uenca ot):						1		
	led nsit	rin Lin			b					_							
_	entiticate be executed ding physician and se as the burial-trensit	Examiner	Sequentially list coin if any, leading to im	nditions, nmediate			Due to (or a	or as a consequance of):									
9	be e iclan buria	a E	Cause (Disease or	orlying injury	C												
68760,	cete phys	edicai	that initiated events resulting in death) I	Last			Due to (or e	(or es e consequenca of):									
×	ding Se es	Me			d.										į		
80	ath o																
o.	the de	Physiciar	Part II. Other eignif	icant condition	ons contributing	to death	but not resulti	ng In the u	ndarlying c	ause giv	en in Part		23b. Dld	tobacco uee d	contribute t	o the caue	of death?
ď	es that the de igned by the e be detached t												1 🗆	Yee 2□ No	3 □ Pro	bably 4	Unknown
Ś	res the	by						_									
ecord	v requires that been signed b should be dete	Completed											24a. Was	en eutopsy ormed?	av	ere autops aileble pric	ir to
Ö	_ 0	ple														mpletion of death?	f cause
r	0 - 0	100											10	Yas 2□No	11	Yes 2	□No
VITa	certificate rector, pag	Bec	25. Was case reter	red to medica							26. Place	of Death	(Check only	one)			
	5 00	To	examiner? 1 ⊠ Yes 2 □	No	Hospital:	☐ Inpati	iant 2 EF	?/Outpatien	t XXDC	Oth	or.			denca 8 □C	ther (Speci	fy)	
10 0			27. Manner of Death			ate of Inj	ury 28	Bb. Time of Injury	2	8c. Injur Wor				how injury ooc			trun
VISION	Attending or death.	tlfication	1 □ Natural 2) Accident	5 Pendin	ation /	-6-		22:4			Yes 2□						
<u> </u>	er death	tific	3 ☐ Sulcide 4 ☐ Homicide	6 Could	not be Inad 28e. P	lace of In	jury - At home	ome, farm, straet, tactory, offica					28f. Location (Street end Number or Rurel Route Number, City or Town, State)				

To the Hospital or within 24 hours after To the Funeral Direcompletely filled in the

29b. Signature end title of certifie

29a. Certifiar

30. Name and addrass of person who complated cause of death (Itam 23a) (Typa, Print)

Out of R Force 111 Penn Street, Baltimore, Maryland 21201

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, dete and place, and due to the cause(s) end manner stated.

29c. License number

O.C.M.E

Registrar

when the same of the same

10.

attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should		
AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	Mental Hygiene prior to burlal, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	4E FUNERAL OIRECTOR: After this certificate has been signed by the aften	be filed within 72 hours after death with the State Dept. of Health and Mental H	PORTANT: If item 28 is marked, or item 23 shows any injury, o
TO THE	TO THE	be filed	IMPO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH				
	Thelma Maude	Conner				January	MONTH DAY YEAR			
	4. SOCIAL SECURITY NUMBER		E (In yrs last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)		
NC.	579 12 3111 9a. FACILITY NAME (If not institution, give st	1 □ M 2 ★ F   83	YRS.	MONTHS DAYS	HOURS MIN.	May 17,	1912 M:	ichigan		
	Wall Wall Wall				ty, town or location of death			Se. COUNTY OF DEATH  Anne Arundel		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10e. COUNTY  10e. CITY, TOWN OR LOCATION				TON	10d. INSIDE CITY				
E	N. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							LIMITS?		
1	100. STREET AND NUMBER			napolis I 101	1901. IS			10g. CITIZEN OF WHAT COUNTRY?		
8	810 Coxswain Way				21401			United States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC		NIC ORIGIN? (Specify Ye	s or No- 14, F	ACE - American Indian,		
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 25 NO Specify:			Black, White, etc. Specify:			
Э ВҮ	3 Widowed 4 Divorced				A			White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life, Do NOT us	USUAL OCCUPATION work done during mo	ON st of working	16b. KIND OF BU	JSINESS/INDUSTF	TY .		
3	Elementary/Secondary (0-12)	College (1-4 or 5 +)				D 45	. 4			
N N	10 Salespers 17. FATHER'S NAME (First, Middle, Last)			rson	n Reta					
	Herman Mitchell	Bierley						a la		
BE	19a. INFORMANT'S NAME (Type/Print)	Dielley		ADDRESS (Street a	Verdie Alberta Ulrich  nd Number or Rurel Route Number, City or Town, State, Zip Code)					
2	Nancy Bierley					napolis Ma				
	20a. METHOD OF DISPOSITION 1		0b. PLACE AND DATE	OF DISPOSITION (Na	ime of	DATE 20c. L	OCATION — City of			
	4 Donalion 5 Other (Specify)	John Stata C	ort Linc	oln Ceme	tery 1/	16/96	Bre	entwood Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						D A			
	Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715									
	23. PART I. Enter the diseases, or o	complications that caus	the death. Do r					Approximate		
	IMMEDIATE CAUSE (Final							Interval Between Onset and Death		
	disease or condition resulting in death) . CVA Carrino Varcalar Ace						4	3 d		
NC	DUE TO (OR AS A CONSEQUENCE OF):									
	Sequentially list conditions,									
ATI	If any, lesding to immediate cause. Enter UNDERLYING	lesding to immediate								
윤	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):  d.									
H										
	PART ii Other elgoificent conditions contributing to death but got requisites in the modeling and the second state of the seco									
CAL								AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC	-	2 NO	OF DEATH?							
Σ	DID TOBACCO USE CONTI	PIRLITE TO CAUSE	OF DEATH Y	S D NO D	UNCERTAI	N [		1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	WOOTE TO CAUSE	26. PLACE OF DEA		JOHOLKIAN					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	stpetiant 3 DOA	OTHER:	e 5 🗆 Rasidenca	6 Other (Specify)				
PHYSICIAN:	27, MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year,	Y 26b. TiN	E OF 28c. INJ	PURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D		
ВУР	1. Netural 5 Pending	(WORD), Day, rear	/		YES 2 NO					
III a cutata							t and Number or Re	ural Route Number,		
COMPLETED	4 Homicide determined		City or Town, State)							
PLE	29a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
0	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш	296. SIGNATURE AND TITLE OF CERTIFIE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
6 College all 120718 1-11-96										
30. Name and address of person who completed cause of Death (ITEM 27) (Type, Print)  Dokus Tackan 2003 Legs PKkey 4100 Lulegoles Lib										
	21 DATE Ell ED (Month Day York)	A REGISTRAR'S SIG	GNATURE			1				
	JAN 17 1996	San armed	PER							

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TO THE HOSPITAL DR	TO THE FUNERAL DIR	be filed within 72 hours after	IMPORTANT: If item 28 is
certificate be executed writim 24 hours after death. Page 6 m	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	peath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.		02031	
	1. DECEDENT'S NAME (First, Middle, Last)	Cat	rambo			2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (// 1 ☐ M 2 ☑ F 7	9 YRS. MC	F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BU (Month, Def. April	TH Veer) 23,1916	Wash	ACE (State or Foreign nington D.(	
OR	5631 Park Drive	et aru number)		Bowie	R LOCATION OF DI	EATH	22.00	ce Ge	orge's	
DIRECTOR	nesidence of decedent 10e. STATE 10b. COUNTY Maryland Prince	George's	10c. CITY, T	rown or locati	ON		1		d, INSIDE CITY LIMITS?  X YES 2 NO	
FUNERAL	10a STREET AND NUMBER 5631 Park Drive			101.	ZIP CODE 20715				tates	
BY FUNE		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPAI	n, Puerto Rican,	cify Yea or No-	14. RACE	American Indian, Thite, etc. White	
COMPLETED	15. DECEDENT'S EOUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of worl life, Do NOT use n	k done during mos	N If of working	16b. KIND	OF BUSINESS/INOL			
MP	8 17. FATHER'S NAME (First, Middle, Lest)		Homemal	ker	18. MOTHER'S NA		n Home			
	Preston Welsh				Susan		,			
3 BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AL	DDRESS (Street er			y or Town, State, Zip	Code)		
임	William S. Catram	bone	5631 I	Park Dr	ive Bo	wie Mar	yland	20715		
	20s. METHOD OF DISPOSITION  XX Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece)  Resurrection Cemetery 1/15/96  Clinton Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Robert E. Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715									
CATION	23. PART i. Enter the disease, or co shock, or heert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Chronic DUE TO (OR AS A	ich line.					eat,	Approximate interval Between Onset and Death	
AL CERTIFICATION	thet initiated events resulting in death) LAST  PART II. Other significant conditions	contributing to death be	consequence of):	tha underlying	cause given in	Part i. 24a.	WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
	Hypentonisme Perfection School Condition and 1 yes 2 2 mm OF								MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)						
VSIC		HOSPITAL: 1   Inpatient 2   ER/Outp	etlent 3 DOA 4	THER:  Nursing Hom	5 El Residence	6 Other (Spec	offy)			
ВУ РН	27. MANNER OF DEATH  1 Neturel 5 Pending 1 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (		RK?	28d. DESCRIBE	HOW INJURY OCC	UREO		
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicida 8 Could not be  26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town State)								
COMPLET	onel	IAN: To the best of my knowl : On the basis of examination							nd manner as stated,	
TO BE C	20b. SIGNATURE AND TITLE OF CERTIFUER 30 ANAME/AND ADDRESS/OF POR AON-WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) (Type, E	right	29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	Inth, Day, Year)	
-	Avaus tv. P. Pog 31. DATE FILED (MONTH), Day, Your, 1AN 17 1996	AREGISTRAR'S SUSIN	50098	approx	n Cot. C	In Som	mr;	207	48	
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DIVISION OF VITAL RECORDS, P.O. BOX

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TAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may	An appropriate the contract of
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	ee Colli	NS			2. DATE OF MONTH	OF DEATH DAY	YEAR 1/25 A M		
	4. SOCIAL SECURITY NUMBER 227-42-4918	1 🕱 M 2 🗆 F 6 2		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		a. BIRTHPLACE (State or Foreign Country) Virginia		
TOR	9. FACILITY NAME (If not institution, give single presidential Wo				lelphi	EATH	ec. cou Pri	nce George's		
DIRECTOR	10a. STATE 10b. COUNTY	ce George's	10c. CITY, 1	TOWN OR LOCAT	ielphi			10d. INSIDE CITY LIMITS? 1 № YES 2 □ NO		
FUNERAL	1801 Metzeroti	t Road		101	ZIP CODE 2078	3	10g. Cr1	USA		
BY	11. MARITAL STATUS 1  Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 12 LYES 2 IF YES, GIVE WAR OR DATE: 5/12/52-1/1	NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Maxica 2 X NO Specia	in, Puerto R	7 (Specify Yes or No— lican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	CATION 16 completed) College (1-4 or 5+)	Give kind of work (Give kind of work Me. Do NOT use no Cemete	k done during mo etired.)	n st of working retaker		KIND OF BUSINESS/IN	ivate		
BE COM	17. FATHER'S NAME (First, Middle, Last) Alber	t Lee Collir	ns				iza Hilt	on		
TO E	196. INFORMANT'S NAME (Type/Print) Rosa Marie C	ollins/DTR	19b. MAILING AD 3022 P	arkwa	nd Number or Rural y, Chev	Acute Numb	or, City or Town, State, Zi	and 20785		
	20a. METHOD OF DISPOSITION    Magnetic   Mag									
	21. SIGNATURE OF FUNERAL SERVICE LIC	a d Bu	axton	J.B.	Jenkir Landov	is Fu	neral Ho	ome ndover 20785		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cerdisc or respiratory errest,  Approximate Interval Between Onset and Death disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFI	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST  d									
PHYSICIAN: MEDICAL C	PART II. Other algoliticant condition	a contributing to death but a	not reaulting in t	he underlying	cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	nt 3 DOA	THER:	ACE OF DEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 26c, INJU	JRY AT		CRIBE HOW INJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, fectory, office						
COMPLETED		e(s) and manner as sta	ited. he cause(a) and manner as stated,							
8	296. SIGNATURE AND TITLE OF CERTIFIER				20c. LICENSE NUI			TE SIGNED (Month, Day, Year)		
5	SA NAME AND ADDRESS OF PERSON AND	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	m) Veen	1 bune	Rd	Huath	11/1e MD 20781		
	31. DATE FILED (Month, DA. 8 17) 1996	32. FEGISTRAR'S SIGNATUR	RE Carl of		7	- /	1-1-1-130	7		

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BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPART				MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle	Last) ES C			CI	AR	k	2. DATE MONT	OF DEATH		YEAR 796	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE	OF BIRTN h, Day, Year)			IPLACE (State or Foreign
578-24-6358	1 🗆 M 2 💢 F	97	YRS.	MONTHS D	DAYS	HOURS MIN.	Feb	27, 1	898		ington, DC
9n, FACILITY NAME (If not institution				9b. CITY, TO	OWN OR	LOCATION OF DE	EATN		9c. COU	NTY OF D	EATH
Washington Adv		pital		Ta	koma	a Park			Мо	ntgo	mery
										10d. INSIDE CITY	
Maryland P	rince Geor	ge's	I	Hyatts	svil	.1e					LIMITS?  1 X YES 2 NO
10e. STREET AND NUMBER 5803 38th Aver	nue				10f. 2	20782	2		-	S.A	WHAT COUNTRY?
11. MARITAL STATUS		ENT EVER IN U.S.	ARMED	13. WA	S DECE	NDENT OF NISPAL	VIC ORIGI	N? (Specify Yes		14, RACE	E — American Indian,
1 Never Married 2 Merrie 3 X Widowed 4 Divorced		1 YES 2 E WAR OR DATES	<u>Х</u> ) но	lf y	res, spec	Hy Cuben, Mexica	n, Puerto	Ricen, etc.)		Speci	k, Whits, etc.
	'S EDUCATION at grade completed)	16s.	DECEDENT'S (Give kind of wille. Do NOT us	USUAL OCCI	UPATION	of working	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or	5+)		e retired.) emaker				0.22	ı Hor	20	
12			поше	emaker		18. MOTNER'S NA	ME (F)			ne	
John Aloysius						Theresa				mon	
19a, INFORMANT'S NAME (Type/Pri			19b. MAILING	ADDRESS (S	Street sno	Number or Rural					
William Clark			8399 8	Scarle	et G	len Cou	rt,	Miller	svil	le, l	MD 21108
20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 4 Donation 5 Other (Speci		cametery, Gare	crematory or of	of Disposition (Interplace)	Cem:	etery 1/	16/9			City or To	
21. SIGNATURE OF FUNERAL SER				22. NA	AME AND	ADDRESS OF FA	CILITY				
1 WB	· Gers	en									me, P.A. lle, MD 2078
23. PART i. Enter the diseas ahock, or heart f	ea, or complications allure. List only one			not enter th	ne mod	e of dying, suc	h aa car	diac or reapir	ratory an	reat,	Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition		_		· 1/ · ^		h					Onset and Death
resulting in death)	a. Due	TO FOR AS A CON			osc	erosis					
	-	TO (ON AS A CON	SECOENCE OF	r).							İ
Sequentially list conditions, if any, leading to immediate	b	TO (OR AS A CON	SEQUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury	G										
that initiated events resulting in death) LAST	DUE	TO (OR AS A CON	SEQUENCE OF	F);							N/
resulting in death) LAST	d										
PART II. Other eignificant co			_		eriying	cause given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS
Carc	INOMA 0	f the	Co	lon				PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		•									1 TES 2 NO
DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF D	EATH YE	S N	OE	UNCERTAI	N				
25. WAS CASE REFERRED TO MEI EXAMINER?	HOSPITAL	/ VEA 5	LACE OF DEAT	OTHER:							
1 TYES 2 NO		2 ER/Outpation OF INJURY	28b. TIM		ng Nome	5 Residence		er (Specify) SCRIBE HOW IF	NJURY OC	CURED	
1 Natural 5 Pendi	ng (Mont	h, Day, Year)	INJ	JURY M	WOR	IK? ES 2 NO					
3 Suicide 6 Could	not be build	E OF INJURY — A	t home, farm,	streel, factor	y, offics			CATION (Street a	and Numbe	r or Rural	Route Number,
4 Homicide determ	nined										
CONSULT OF THE	G PHYSICIAN: To the best										s) and manner as stated.
29b. SIGNATURE AND TITLE OF C	ERTIFIER //	1				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
	phall	n. Mak.				D27	865		▶ 7	AN.	13, 1996
30. NAME AND ADDRESS OF PERMISSION K.	LI MD	LAUSE OF DEATH (	ITEM 27) (Type Univ.	ersity	, (	3/vd V	v. 0	Wheato	2 /	us	13, 1996
31. DATE FILED (Month, Day, Year),  JAN 16	1996 Jalia	TRAR'S SIGNATUR	Cohe	,							

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BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

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296. BIGHATURE

THE HOSPITAL OR ATTENDING PHYSICIANY: The law requires that the death certificate be executed within Z4 hours after death, Page 6 may be retained by the hospital or attending physician.

IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH	AND 1	MENTAL	HYGIEN REG. NO				
	t. DECEDENT'S NAME (First, Middle, Last	)							2. DATE O		AV =	YEAR	3. TIME OF DEATH	
	Donald	Q.		(	Carmic	Carmichael				ary 1º	5,1996	) TEAR	3:30 p M	
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la.	st birthday)					7. DATE Of	BIRTH Day, Year)		8. BIRTH	HPLACE (State or Foreign	
	158-18-6200	t 🔀 M 2 🗆 F   68 YRS			MONTHS	DAYS	HOURS	MIN.	Marc	h 11,	1927	Pla:	infield, N.J.	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C		ON OF DE			9c. COL	INTY OF D		
6	Physicians Memori	al Hospital	L				La	PLata	a			Char	les	
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	TV		140. 017	ry, town o	D 1 0013	1011							
E													10d, INSIDE CITY LIMITS?	
	Maryland Princ	e George	e George's Ft.					-					t X YES 2 NO	
Z						100	ZIP COD						WHAT COUNTRY?	
FUNERAL	12812 Asbury Dr						20744					USA		
2	11. MARITAL STATUS  1 ☐ Never Married  1 ☐ Never Married  12 ☑ Married  13. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RACE — American Indi Black, White, etc.									
BY	1 Never Married 2 M Married  1 Never Married 2 M Married  3 Wildowed 4 Divorced  Retired 7/31/81			1 YES 2 XXNO Specify: Specify:										
						's usual occupation 166. Kind of Business/industry						ce		
1	(Specify only highest grade completed) (Give k			give kind of	ind of work done during most of working  NOT use retired.)				CIND OF BU	BOSINESSANDOSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (t-4 or 5	4)	Retired US Army				military						
N N	17. FATHER'S NAME (First, Middle, Last)	<u> </u>					18 MOT	HED'S NA	S NAME (First, Middle, Meiden Surname)					
BE CO	John B. Carmicha	nel			Catherine T. Corley									
TO B	t9a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
F	Barbara A. Carmio	hael		same	e as item 10									
	20e METHOD OF DISPOSITION 1 1 Burlei 2 Cregotion 3 Re	moval from State			OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State									
	4 Donation Wilher (Specify)		Artin	igton	Mornational Cem. 1/24/96 Arlington, Va.									
	21. SIGNATURE OF UNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY								
	duch. k	also 1	-		George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill. Md. 20745									
	23. PART I Priler the diseases, of shock, or heart fallure	complications the	at caused the d	eath. Do	not enter	the mo	de of dy	ing, suc	h sa cardii	c or resp	iratory s	rreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final		lolen (		1		A	1	0				Onset and Death	
	disease or condition resulting in death)	a >md	court (	ar	4:0		1/2	af	( .				< 30 HTANT	
	1	OUE TO	O (OR AS A CONSE	OUENCE C	3/7):		-	_						

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.

(Kronz. Respiratory Foslore

Sequentially list conditions,

75 CK	enic	Coro	tohus	wp	catty	-
6 DUS	O (OR AS A CON	SEQUENCE	OF)		0	
and	Story		This	stry	sema	
DUE	TO (OR AS CON	ISEOUENCE	OF): /	1		
DUE	TO (OH AS A CON	ISEQUENCE	OF):	0		

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

1 YES 2 NO

VES TO NO THINCEDTAIN TO DID TORACCO LISE CONTRIBILITE TO CALISE OF DEATH 25.

DID TOBACCO 03E CONT	KIBUTE TO CAUSE OF DEATH	IE3 M IAO D DIACEKI	AIN L									
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)											
EXAMINER?  1 YES 2 NO	HOSPITAL: 1 M Inpatient 2 ER/Outpatient 3 DO/	OTHER: 4 □ Nursing Home 5 □ Residen	ice 6 Other (Specify									
27. MANNER OF DEATH		TIME OF 28c. INJURY AT	28d. DESCRIBE H									

WORK? 1 Matural 5 Pending Investigation 2 Accident 260. PLACE OF INJURY Sulcide Could not be 4 Homicide

AT	28d. DESCRIBE HOW INJURY OCCURED	١
2 🗌 NO		

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e	(Check only	1 📈	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.
	one)	2 🗌	MEDICAL EXAMINER: Of the tests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

E AND TITLE OF CENTIFIER	00	(1)	
	Jogelel	You	

29c. LICENSE NUMBER D37174

30. NAME AND ADDRESS OF PENSION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Song Chol Chon, MD 7C Post Office Road Cenna Center Waldorf Maryland 20601

31. DATE FILED (Month, Day, Year)

JAN 17 1996

32. REGISTRARY SIGNATURE

and the second of the second o

\*Please Type or Print In Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 2. P.G. Co. 1-25-96 CR Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day **Physician** UANUARY 7, 1998 6 ion of Death 4c. County of Death CHLOPICKI ALICE CAESAR 7:05PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner Cheverly
If Under 24 Hrs. Prince Georges County Hospital Prince Georges If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** Months Days Min 1□M 2₩F Hours 78 Director 240-12-1723 July 26,1917 North Carolina Usual Rasidance of Decedan with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28e-f ehow Peges 1 and 2 should be filed within 72 hours efter death with the Meryla nent of Heelth and Mental Hyglens. The should not Aleman Hyglens. The should not be the death of the should not have the should not only the the should not have the should not only the should not have the should 1 TYes 2 □ No Director MD Prince Georges Forestville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1619 Ritchie Road by Funeral 20747 USA Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 12. Was Decedant Evar In U.S. 1 ☐ Yas 2 ☑ No If Yas, Giva 1 Navar Married 2 Married Specify: White 1 ☐ Yas 2 ☑ No Specify: 3 ₩ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Businaas/Industry (Spacify only highast grada complated) Elamantary/Sacondary (0-12) Collaga (1-4or 5+) 12 Home maker Self. Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Thaddeus C. Miller Lorena Reel 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Margaret Henderson Rt. 2,Box 143, Charlotte Hall, MD 20622 Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata Department important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Spacify) Cedar Hill Cemetery 1/16/96 Suitland, MD 22. Nama and Addrass of Facility
Marshall's Funeral Home, Inc. 21. Signature of Funaral Service Licenses 4308 Suitland Rd., Suitland, MD 20746 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence ot) Examiner CBURNONA The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last the buriel-tran Dua to (or as a consequence of) Box 68760 physiclan DRONGRI Physician/Medical ed by the e 0 Part II. Other significant conditions contributing to death but not resulting in the updarlying ceuss given in Part I. 23b. Did tobacco usa contribute to the cause of death? s been signed by t 2 should be detect 1 Yes 2 No 3 Probably 4 Unknown O Division of Vital Records, þ 24b. Wara autopsy tindings available prior to Completed 24a. Was an autopsy performed? complation of ceusa of death? 2 No 1 Yas 1 ☐ Yas 2 ☐ No Attending Physician: 25. Was cesa ratarrad to medicel axaminar? Be 26. Placa of Death (Check only ona) Hospital: Certification: To Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 npatiant 1 Yas 2 No 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Manne of Death 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred After 1 Natural 5 ☐ Panding To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fur Invastigation 1 ∏Yas 2 ∏No 2 Accidant 6 Could not ba dataminad 3 Suicida 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Spacify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida edicai 29a. Cartifiar 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29c. Licansa number Date signed (Month, Day, Year) 7350 30. Name and address of person who complated cause of death (Itam 23a) (Type, Print) Dr. Punja-7219 Hanover Parkway, Greenbelt, MD 20770 31. Data filad (Month, Day, Yaar) State Registrar

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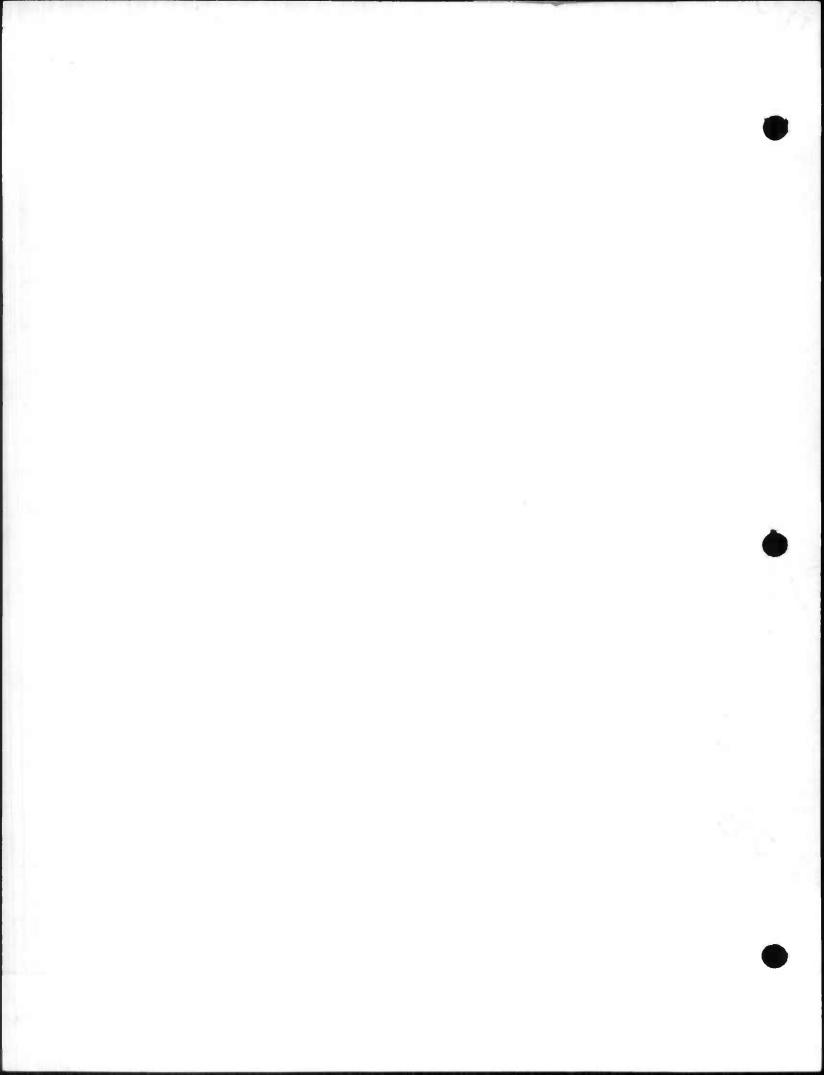
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the commence of the commence o
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	1 - STATE REGISTRAR	OIAIL OI MAIII		MENT OF HEALI CATE OF DE		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Las	SEPH M. DAVI	S		2. DAT MON JAN		YEAR 3. TIME OF DEATH 1304					
7	4. SOCIAL SECURITY NUMBER 214-38-5167	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR IF UN ONTHS DAYS HOUR	DER 24 HRS. 7. DAT	24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of						
NO N	9a. FACILITY NAME (If not institution, give ANNE ARUNDEL MED			ANNAPOLIS			NE ARUNDEL					
DIRECTOR	MARYLAND AN			TOWN OR LOCATION VIDSONVILI	E		10d, INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	NE ARUNDEL	DA	101. ZIP C	OOE		1XXYES 2 NO					
BY FUNERAL	1716 ROSSBACK  11. MARITAL STATUS  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT EVER FORCES? 1 YEYES, GIVE WAR OR 1954 -	2 NO	13. WAS DECENDEN	IT OF HISPANIC ORIG uban, Mexican, Puert	IN? (Specify Yes or No-	SA  14. RACE — American Indian, Black, White, etc.  Specify: BLACK					
LETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	16a. DECEDENT'S US	k done during most of we	orking	166. KIND OF BUSINESS/INDUSTRY						
COMPL	9 t.h 17. FATHER'S NAME (First, Middle, Lest)	0	TRUCK DR			CUNNINGHAM SAND & GRAVEL  IE (First, Middle, Melden Surname)						
TO BE	GEORGE DAVIS  180. INFORMANT'S NAME (Type/Print)			BESSIE JOHNSON  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)								
	SHTRIEY HARVIN  29 BUNCHE ST. ANNAPOLIS, MD. 21401  20s. METHOD OF DISPOSITION 15 Burlet 2   Cremation 3   Removal from State 4   Donation 6   Other (Specify)   MARYLAND VETERAN CEME. 1/26/96   CROWNSVILLE, MD.											
	Javy JA  23. PART I. Enter the diseases, of shock, or heart failure	Cose r complications that cause. List only one cause on	ed the death. Do no	821 WEST	SONS MORT	UARY, P.A.  POLIS, MD.  rdiac or reapiratory arm	21401 eat, Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		NOMY8	PATHI			Onset and Dee					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· HYPE	A CONSEDUENCE OF):	SION			720y1					
MEDICAL C	PART II. Other significant condition	e given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WHO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 DO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 25 ND	HOSPITAL: 1   Inpatient 2   ER/Ou		26. PLACE O	F DEATH (Check only							
ву РНУ	27. MANNER OF DEATH   Natural 5   Pending   Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJURY AT	28d. D	ESCRIBE HOW INJURY OCC	CURED					
ETED	3 Sulcide 6 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
COMPL		/SICIAN: To the best of my kno NER: On the basis of examinat					ed. s cause(s) and manner as stated.					
BE C	296. SIGNATURE AND TITLE OF CERTIF	LIGUR N	rD.	29c. I	LICENSE NUMBER	29d, DATE	SIGNED (Month, Day Year)					
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32. REGISTRAR'S SIGNATURE Maritage Randoll



death. Page 6 may be retained by the hospital or attending physician. ALTIMORE, MARYLAND 21215-0020

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

F notified

must be r

or Item 23 shows any Injury, or other traumatic event, the medical examiner

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day,

Dr. Robert S. Hughes MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTAR'S SIGNATURE
JULY D'AUVILLE REVOLUL

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	8	E D	9	ten
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunal, cremation, or remova	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR	RTMEN	T OF H	DEAT	AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Midd Alice A	nita DUNFORI	)						January 15	**1996	YEAR	3. TIME OF DEATH 3:20 PM
	4. SOCIAL SECURITY NUMBER 579-22-6859	5. SEX	6. AGE (In y	AGE (In yrs. lest birthday) 79 YRS.		R 1 YEAR DAYS	AR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day Year) NOV . 26, 1		A. BIRTI	HPLACE (State or Foreign
CTOR	90. FACILITY NAME (If not institution  Meridian Nu	on, give atreet and number) arsing Center					rick	ON OF DE			deri	
DIRECT	nesidence of deceding 100. STATE 100. Maryland	county Frederick		10c. CIT	Y, TOWN	DR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNEHAL	100. STREET AND NUMBER 5650 Sandy (	Court				101	217				U.S.A	WHAT COUNTRY?
2	11. MARITAL STATUS 1 Never Merried 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	B 2 ND If yes, specify Cuban, Mexican, Puerto Rican, atc.)					Blac	s. RACE — American Indian, Black, White, etc. Specify: White		
COMPLEIED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	.,	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Clerk of the court  State Govern							nt		
20 12	17. FATHER'S NAME (First, Middle, John	n FLETCHER		16. MOTHER'S NAME (First, Middle, Melden Surname)  Richmond CLAGET						ETT		
2	Mr. William E.			19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5650 Sandy Court, Frederick, MD 21703								
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 4 Donation 5 Other (Spec	Hy)	20b. PL Comotor Par	ob. PLACE AND DATE   20c. LOCATION — City or Town, State  ometary, crematory or other place)   DATE   20c. LOCATION — City or Town, State  arklawn Memorial Park, Jan. 18,1996 Rockville, Maryland								
	21. SIGNATURE OF FUNERAL, SEF	If Rub	4	M00703	3 Z2. K	eene 06 E	y and ast (	d Bas Churc	sford P.A. ch St., Fr	Fun	eral	Home Md. 21701
	23. PART I. Enter the disess shock, or heart t IMMEDIATE CAUSE (Finel	ea, or complications the fallure. List only one can	caused th	e death. Do i	not enter	the mo	de of dyl	ng, such	as cardiac or reap	iratory ar	reat,	Approximate Interval Between Onest and Death
	disease or condition resulting in death)  a. Due folion as a consequence on:											Zys.
NOIN	Sequentisity flat conditions, if any, leading to immediate Cause Enter INDERLYMAC										10-41.8	

CERTIFICATION CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 1 WES 2 LNC 1 - YES 2 - NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO rsing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.

estigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner es stated.

29c. LICENSE NUMBER

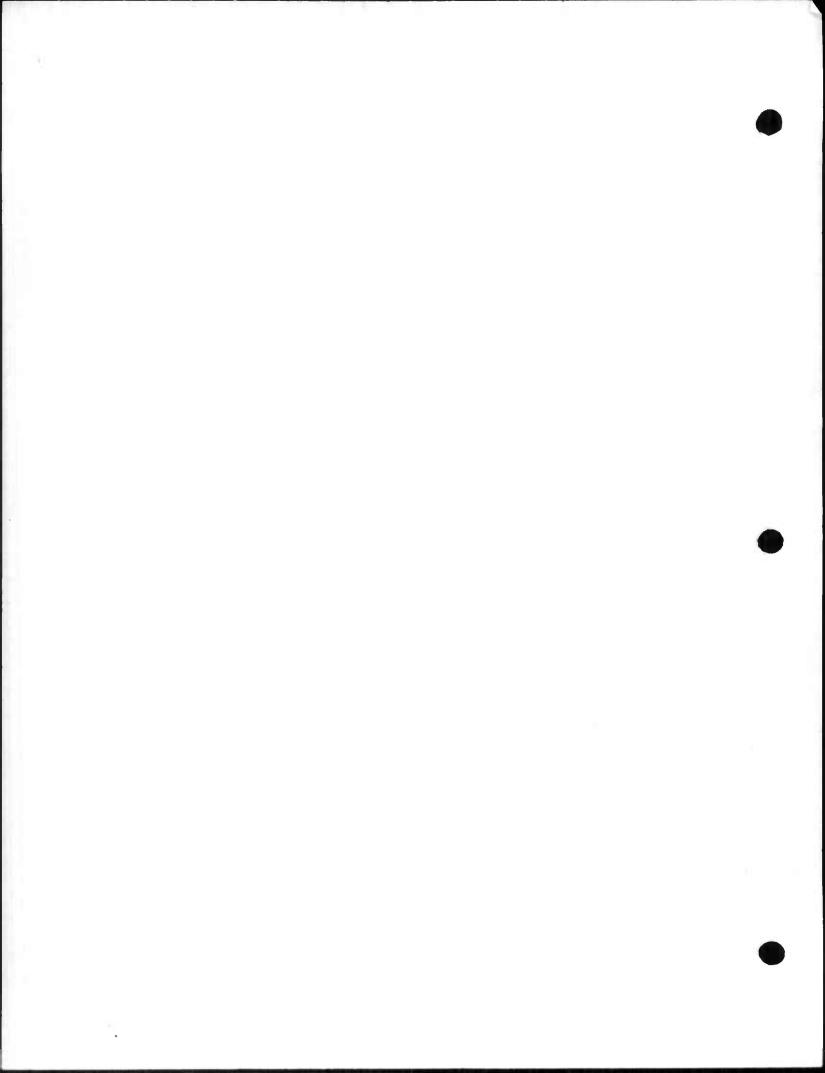
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700 Montclaire Avenue, Frederick, Maryland 21701

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

▶ Jan. 16, 1996



ding physician. s the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dest. of Health and Mental Holeine prior to burial, cremarison, or removal		
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tificate be	physician ene prior 1	ther trau	
e death cer	he attendin Wental Hvo	Jury, or o	
ires that th	lealth and	rs any in	
e law requi	has been s Dept. of H	23 shov	
SICIAN: Th	certificate	f, or iten	
VDING PHY	: After this	is marke	
OR ATTEN	DIRECTOR hours after	Item 28	
HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fa be filed within 72 hours after death with the State Deat, of Health and Mental Hotiere prior to burial, cremation, or removal	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE CH	De fied	IMPO	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Gregory P. Rausch, M.D.
31. DATE FILED (Month, Day, Year) 32. REGISTAR'S.

ch, M.D. 501 West 7t
32. REGISTAR'S SIGNATURE

											96	0	2598
	1 - FOR STATE REGISTRAR	STATE	OF MAI	RYLAND /	DEPAR	TMEN	T OF H	IEALTH A	ND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, i	Lest)								2. DATE OF DEATH			3. TIME OF DEATH
1	Beverly R	uth DeWi	ltt							January 1		996	4:55 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX		AGE (In yrs. les	t birthday)	IF UNDE	ER 1 YEAR	IF UNDER 24		7. DATE OF BIRTH	7, 1	8. BIRTH	PLACE (State or Foreign
	236-64-4826	1 🗌 M 2	[₹F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) May 8, 19	/ <sub>1</sub> 1	Country	st Virginia
	Sa. FACILITY NAME (If not institution,	give street and num	ber)			Sh CIT	Y TOWN (	OR LOCATION	OF DEAT	ru		NTY OF DE	
Œ	4632 Elmer De	rr Pond	om.						OF DEAT				
5	RESIDENCE OF DECEDEN					Fr.	rede	rick			F	reder	ick
DIRECTOR	10a. STATE 10b. CC				10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
5	Maryland	Frederi	ck		,	Frad	eric	1-					LIMITS? XX YES 2 □ NO
7	10e. STREET AND NUMBER	Trederi	CK			rieu		. ZIP CODE			100 017		THAT COUNTRY?
R/	4632 Elmer De	rr Pond					- 1						
FUNERAL	11. MARITAL STATUS		OFDENT E	/ER IN U.S. AR				21701					States
3	1 Never Married 2 Married	FORCE	3? 1	YES 2 TH		13.	If yes, sp	ecify Cuban,	HISPANIC Maxican,	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	14. RACE Black,	— American Indian, , White, etc.
87	3 Widowed 4 Divorced	IF YES,	OIVE WAR	OR DATES 21				ZXXNO				Specif	y: White
	15. DECEDENT'S	EDUCATION		40.00									
COMPLETED	(Specify only highest	grade completed)		168. DE	CEDENT'S	vork done	during mo	st of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
ב ו	Elementary/Secondary (0-12)	College (1-	4 or 5+)			•							
2	12			<u>Ba:</u>	rber	sty	list				rber		
8	17. FATHER'S NAME (First, Middle, Last	•						18. MOTHER	R'S NAME	E (First, Middle, Maiden	Surname)		
BE	Glenn Eichelbe								h Fi				
2	19s. INFORMANT'S NAME (TyperPrint)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Donald DeWitt	husba	nd		4632	E1m	er De	err Ro	ad	Frederic	k, Ma	aryla	nd 21702
	20b. PLACEANDDATE OF DISPOSITION   2 Commenter   2 Comment												
	4 Donation 5 DOther (Specify)			Mt. 2	Zion	Lut!	herai	n		1/17/96	Frede	erick	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- 0			22.	. NAME AN	D ADDRESS	OF FACIL	myStauffe:	r Fu	neral	Homes, P.A
	N X	11	V.			110	621 (	moeen	mtor	wn Pike	Frode	retat	, MD 21702
$\dashv$	22 DAGT V Enter the Allerson	A second	7	1									, FID 21702
- 1	shock, or heart fall	ure. List only or	lications that caused the daeth. Do not anter the mode of dying, such a only one cause of each line.								ratory ar	rest,	Approximata Interval Between
- 1	IMMEDIATE CAUSE (Final								Onset and Death				
- 1	disease or condition resulting in death)		8677	1800-	h-	1-	000		70-4	n of	100	>	14-
	WARREN TO STATE OF THE PARTY OF		DUE TO (OR	AS A CONSEC	DUENCE DE	ን:							
Z	Convention that and tales	b											
٤I	Sequentially list conditions, if any, leading to immediate		DUE TO (OR	AS A CONSED	VENCE DE	7):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C											
CERTIFICATION	that initiated events		UE TO (DR	AS A CONSED	UENCE OF	7:							
	resulting in death) LAST	d											
_	PART II Other elemitional cond	Itlana agatelbut		Ab. b. a									
ゑ▮	PART II. Other significant cond	ICIONS CONTRIBUT	ing to des	un but not n	eauting i	n the u	nderlying	csuse give	en in Pa	ert I. 24n. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										1 _ YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL													1 YES 2 ND
ż	DID TOBACCO USE CO	NTRIBUTE TO	CAUS	E OF DEA	TH YE	SA	NO 🗆	UNCER	RTAIN				
₹	25. WAS CASE REFERRED TO MEDICA	NL		26. PLAC	E OF DEAT	-							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES. NO UNCERTAIN UNCERTAIN DESCRIPTION OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DONO  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home Residence 6 Other (Specify)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  OTHER:  1 Inpetient 2 ER/Outpetient 3 DOA  4 Nursing Home Residence 6 Other (Specify)  28. DIM OTHER:  1 Nursing Home Residence 6 Other (Specify)  28. DIM OTHER:  1 Nursing Home Residence 6 Other (Specify)													
¥∥	27. MANNER OF DEATH		ATE OF INJU		28b. TIMI			/			LILEY OC	CHRED	
M 1 YES 2 ND									WON1 OC	CONED			
	3 Suicide 8 Could not	I DI	ilding, atc.	(Specify)	red, redfffft, 8	wat, INC	IOTY, OTTICE		20	8f. LOCATION (Street a City or Town, State)	nd Number	or Rumil Ro	oute Number,
<u>.  </u>	20a CERTIFIER					_							
4										the cause(a) and man			
COMPLETED													and manner as stated.
U C	29b. SIGNATURE AND TITLE OF CERT	IFIER					1	29c. LICENS					Month, Day, Year)
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2 ∥								D	<u> 1462</u>	.6	Te	17 /	5,1996

7th Street Frederick, Maryland

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21701

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		1. DECEDENT'S NAME (First	Middle, Last)							-		2. DATE O	F DEATH D	AV	YEAR	3. TIME OF DEAT	
		Paul	ine	С.	Dur	ana						Janu				2:15 P	M M
					AGE (In yrs. last birthday) IF UNDER 1		DAYS	IF UNDER	24 HRS. MIN.	7. DATE Of	F BIRTH Day, Year)		BIRTNPLACE (State or Foreign Country)				
및		198 22 1000		1 M 2 XXF		73	YRS.					Dec.	16 1	_	Penr	isylvani	.a
3 should	<u>بر</u>	96. FACILITY NAME (If not institution, give street end number)  12618 Heming Lane  9b. CITY, TOWN OR LOCATION OF DEATH  Bowie  Prince George															
1, 2,	CTOR	RESIDENCE OF DECEDENT															
Pages	DIRE	Maryland	Design		010		10c. CITY,			TION						10d. INSIDE CITY	
imit.													MX YES 2 _	NO			
usit pe	ERAL	12618 Heming Lane 20716 United															
the burial-transit permit. Pages 1,	BY FUN	11. MARITAL STATUS 1 Never Married 2 🛣 3 Widowed 4 Divo	Merried	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	23 N		H	yes, sp	CENDENT C	F HISPAN	IIC ORIGIN? n, Puerte Ric			14. RACE	- American Indi	len,
88	ED E	15. DEC	EDENT'S EDU			16e, DE0	EDENT'S US	SUAL OC	CUPATI	ON		16b. I	(IND OF BU	SINESS/IN	DUSTRY	WILLE	
or use	ᇤ	(Specify onli Elementary/Secondary (I	y highest grade 0-12)	completed) College (1-4 or 5	+)	(Gh	re kind of wor Do NOT use i	rk done d	uring mo	ost of working	og .						
ched f	COMPL	12	Но	omemal	ker					0	wn H	ome					
detach once.	00	17. FATHER'S NAME (First, M										ME (First, Mi	ddle, Maiden	Sumame)			
uld be	BE	Joseph Kan										apsa					_
5 should notified	2	Edward C.	-	9		196	12618					Bowie		The second second		0716	
page t <b>be</b>		20e. METHOD OF DISPOSIT	ION				ND DATE OF	DISPOSI		<u> </u>		DATE	-	CATION -			
must		1 1 Buriel 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other		oval from State	_ Sa	acre	d Hear	rt C	hur	ch C	emet	ery 1	117/	96	В	owie Md.	4
tuneral dil i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBert E. Evans Funeral Home, P.A.															
al.		Keller	te	Cin	ms.	K	real,					is Rd					
d in by th or remove medical		23. PART I. Enter the d	iseesee, or o	complications the	ni cause	the dea	eth. Do no	t enter	the mo	ode of dy	ing, suc	h aa cerdle	c or reap	iratory er	rest,	Approxim	
the attending physician and completely filled in by the funeral director, page 5 should be detached for use Mental Hygiene prior to burial, cremation, or remoral. njury, or other traumatic event, the medical examiner must be netified at once.		IMMEDIATE CAUSE (Fluidisease or condition		1	1	(	)— I							١		Onset an	
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sician and confidence to burial traumatic	ERTIFICATION	Sequentially list conditions, If any, leading to immediate															
hysici e prior	S	cause. Enter UNDERLY CAUSE (Disease or inju		c.			15,000,000										
ding phy lygiene p	E	thet initieted eventa resulting in death) LAS	T T	DUE IC	OR AS A	CONSEC	UENCE OF):										
ental Hy	CE			d													
ed by the att th and Menta any injury,	:AL	PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying ceuze given in Part I.  24a. WAS AN AUTOPSY PREFORMED? PERFORMED? OWNER AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?															
Health and I	MEDICAL	_anax		s (n	217	0-1	} _	X	1	2004	eco	ma	1 TYES	2 DANO		COMPLETION OF OF DEATH?	
een sign of Heal		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN															
bept Dept	SICIAN:	25. WAS CASE REFERRED T			1002 0		E OF DEATN				LICOTO	•					
this certificate has been with the State Dept. of riced, or Item 23 sho	SIC	EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA 4	OTHER Nurs		ne 5 R	sidence	6 🗆 Other	(Specify)				
is cer ith th	РНУ	27. MANNER OF DEATN	4534.57	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIME	OF RY		JURY AT ORK?		28d. DESC	RIBE NOW	INJURY OC	CURED		
After this death with s marked	B⊀	1 D Netural 5 1 2 Accident	Pending Investigation					М	1 🔲		NO						
after di 28 Is	ED	3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE building	of INJURY	- At hou	me, lerm, str	eet, lecto	ory, offic	ce			TOWN, State,		r or Rural i	Route Number,	
DIRECT hours a item 2	LET	290. CERTIFIER	FIEVING ONIVO	O. A.													
2 C =	OMPL	(Check only		R: On the best of												e) end manner ee	stated.
THE FUNE Ned within PORTANT	BE C	296. SIGNATURE AND TITLE	OF OURTH	1 10	111					29c. LIC	ENSE NUI	MBER	_	29d. DA		(Mgrith, Day, Year)	
28 M	10	20 MANE AND ADDRESS O	1 2	3// 3/	1000	1				D	110	145			1/6	196	
))		Robert	Rate	PPY	1 LJ	34	The f		se	- 11	ich	1 Day	(	hahri	11 - 1	nd. 210	554
		31. DATE FILED (Month, Day,  JAN 1	Mari 1000	32 MEGISTA	AR'S SIGN	IATURE	1	101	126	- 17	Ign	way	Oak	INOLL	11.2 1	iy. al	001
		JAN I	1 1330	yava d	Muble	or ha	44										
																DHMH	16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Salven as

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

AMEND ISTATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR AN	STATE OF M	ARYLAND /	DEPART	MENT OF I	EALTH AND	MENT	TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Midd	He, Last)						ATE OF DEATH			3. TIME OF DEAT	ГН
		WILLIE	JE	EAN	DAV	IS	1	9 PATH	96	EAR	3:35	AM*
	4. SOCIAL SECURITY NUMBER 100-32-018	5. SEX	6. AGE (In yrs. less		F UNDER 1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH lonth, Day, Year)	8.	BIRTHPL Country)	LACE (State or Fo	oreign
			57	YRS.				0/24/3				
<u>r</u>	9a FACILITY NAME (If not instituti	on, give street and number) n Adventist	Hosni		Takoma	Dark	DEATH		Man 4			
2	RESIDENCE OF DECED	ENT	nospi	car	Takome	Idik			PIOTI	cyoi	mery	
DIRECTOR	MD 10a. STATE 10b	Montgome	ry		4 Cock	er IV-60	Ave	nue			IOd. INSIDE CITY LIMITS?	
HAL	100. STREET AND NUMBER	CKIRLLIAvenu	ıe		10	ZIP CODE	2		10g. CITIZEI	_	AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 T	RMEO NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxie 2000 Spec	an, Puei	IGIN? (Specify Year no Rican, etc.)	or No — 14	Black,	- American Indi White, atc. Black	an,
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12) 12th	it's EDUCATION lest grade completed) College (1-4 or 5+	(G	ive kind of wo . Do NOT use	SUAL OCCUPATION done during more retired.)	st of working		166. KIND OF BUS	riva			
5	17. FATHER'S NAME (First, Middle,	Last)		ociic	Iui o.	1	AME (Fir	st, Middle, Maiden S	Surname)			
RE C	Jerry V	W. Garner,	Sr.				Dor	nia Ett	a G1	ove	r	
2	19a. INFORMANT'S NAME (Type/P	ite Lyons		5604		und Number or Rura		lumber, City or Town			MD 20	0912
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3	Ramoval from Stata	cemetery, cre	ematory or oth	OISPOSITION (N.	ame of	1,0	ATE 20c. LOC	CATION — City	y or Town	n, Stata	
	4 ☐ Donation 5 ☐ Other (Spe- 21. SIGNATURE OF FUNERAL SE		Ceda	r Hi	22. NAME A	etery	ACILITY		itlar		MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  J.B. Jenkins Funeral Home  7474 Landover Road, Landover 20								er 207	785			
	IMMEDIATE CAUSE (Final	ses, or complications that fellure. List only one ceur	caused the dese on each line	ath. Do no							Approximinterval B	ate etween
	disease or condition resulting in death)	a. Leiom	YOSarc	COMA	*	-					7 ye	ears
CERTIFICATION	Sequentially list conditiona if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	OR AS A CONSE									
AL C	PART II. Other significent c	onditions contributing to	death but not	reauiting in	the underlyin	g cause given i	n Part I				WERE AUTOPSY F	
EDIC								PERFOR			MAILABLE PRIOR COMPLETION OF DF DEATH?	
ME									Λ.		YES 2	NO
	DID TOBACCO USE	CONTRIBUTE TO CA					IN 🗆					
HYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL	26. PLA		Check only one							
2	t YES 2 NO	1 Dispatient 2X		DOA	4 [] Hursing Hon	ne 5 🗆 Residence	-					_
87 P	1 💢 Haturel S 🗌 Pend	Ing attgation	n, Year)	28h. Tike INJU	RY WY	HURY AT HRKY YES 2   NO	29d.	DESCRIBE HOW IN	DURY DCCU	чео		
ED	3 Suickte 8 Coul 6 Homicide deter	d not be building.	FINAUTY At he etc. (Specify)	ome. Term, at	rest, factory, offic	*	281, 1	LOCATION (Street a City or Town, State)	nst Mumber or	Plant Plot	uni Number	
MPLE	29s. CERTIFIER 1 CERTIFYS	NG PHYSICIAN: To the peet of				1		ceuse(s) and man			and message as	
BE CO	295 SIGNATURE AND TIPLE		/	/	pring apanon.	280. GICENSE N					Month, Day, War)	1111111
0	SC NAME AND ADDRESS OF PE	BSON WHA COOK STON	U OK ON OTTO	M 22 /	Annah Manah	14	50	22	1	11/	96	
	William Fre	ederick, MD	106	1		eet, N	W,	Suite	304,	200 Was	010 sh, DC	2
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
	<u>JAN 17</u>	HARD Y	haland	Mall		-					- British a	6 Pay 1/80

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAI			ENT OF H		MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			. TIME	OF OEATH	1
		Raymond	Ī.,	Dust	in		Janı		3. 199	EAR E	5:00	P.	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7 OATE	OF BIRTH		DIDTHO	ACE /O	lata as Eas	olgn
	579-30-5073  9a. FACILITY NAME (If not institution, give s	1 M 2 F	68	YRS.	CITY TOWN C	HOURS MIN.		il 25,	1927 M			l	
œ				-			AIN						
읽	5901 01d Silver	Hill Road			Fore	<u>stville</u>			Princ	ce G	eor	ge's	
DIRECTOR	10s. STATE 10b. COUNTY				WN OR LOCAT					1	Od. INSI	DE CITY	
		ce George':	s	Fore	stvill					- 1		S 2 🗌 1	Ю
₹	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE			NTRY?	
剪	5901 Old Silver					20747				S.A.	•		
FUNERAL	11. MARITAL STATUS  1 X Never Merried 2 Married	12. WAS OECEDENT ET FORCES? 1 [X]	YES 2 NO			ENDENT OF HISPAN ocify Cuban, Maxica			or No-	I. RACE - Black,	– Ameri White, s	cen Indie	n,
B	3 Widowed 4 Divorced	IF YES, GIVE WIÁŘ WWTT	OR OATES		1 🗌 YES	2 XNO Specify	y:			Specify:	Whi	te	
- 1	15. DECEOENT'S EDU	CATION	16a. DEC	EDENT'S USL	AL OCCUPATION	IN .	16b	. KIND OF BUS	SINESS/INDUS	STRY	-		-
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of work Do NOT use re	done during mo	st of working							
COMPLETED	8	somege (1-4 of 5 4)		Guard			Po	otomac	Elect	ric	Pow	er (	Co.
<u> </u>	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Make												
BE	Andrew M. Dustin Marion L. Rouze								ee				
6	19s. INFORMANT'S NAME (Type/Print)	-	19b.	MAILING AD	ORESS (Street a	nd Number or Rural i				ode)			
-	Wayne M. Dustin		10	89 Pei	nberto	La. Lot	thiar	n, Md.	20711				
20s. METHOD OF DISPOSITION  1 1 Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  Maryland Veterans Cem. 1/17/96 Cheltenham, Maryl								·wlar	nd				
									TRIL	yıaı	IU		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   George P. Kalas Funeral Home   6160 Oxon Hill Rd. Oxon Hill, Md. 20								745					
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OF	OSCIETO R AS A CONSEO	UENCE OF):	ardiova	ascular l	Disea	ase					
	PART II. Other eignificent condition	d	ath but not re	aultina in t	no underlula	n seuse alves la	Deed 1	24s. WAS AN	ALITOROV	Lau	-	TOPSY FIR	
MEDICAL	DID TOBACCO USE CONT							PERFOR	RMED?		AM/LABL COMPLET OF DEATI	E PRIOR 1	TO AUSE
Z Z	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CAUS			Check only one)	DIACEKIAN	4 121						
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  26. PLACE OF DEATH (Check only one)  THOSPITAL: 1 Inpettent 2 EN/Outpettent 3 DOA 4 Nursing Home 5 Aresidence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY (Morif), Day, Year)  WORK?  28. INJURY AT WORK?													
	1 Netural 5 Pending	(Month, Day,		INJURY	M 1	RK?	200. 02.	VOINDE HOW		110			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF III building, etc.	NJURY — At hon . (Specify)	ne, farm, stree				CATION (Street or Town, State)		Rural Ro	ute Num	ber,	
COMPLETED	29a. CERTIFIER	ICIAN: To the best of my	knowledge des	th named a	t the time date	and alone and de-							
ž	(Check only one) 2 MEDICAL EXAMINE										and mer	ner ss st	ated.
	290. SIGNATURE AND TITLE OF CERTIFUE					20c. LICENSE MUI			29d. DATE :				
BE	August X	Hoper	ush	m		mark translation	102-7-2		Þ 1/			-	
2	SE HAME AND ADDRESS OF PERSON WI	O COMPLETED EN USE	OF DEATH OTEM	27) /Spe. Pri	H)	D 2123	9		1/	14/9	.0	_	_
	. (/	iguez M.I	5009			. Camp S	Sprin	ngs. Mo	1. 207	48			
	Augusto P. Roda JAN 16 1996	Salin Alan	SIGNATURE	Call	1870								

that make the over the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 12602

an	Decedant's Name (First, Middle Fran	, Last)											-		
	L'man	•	D						2. Data of Deat	_	Vaar	3. Time o	f Death		
cal	LIall	k	Barto	on	Ev	ans	Jr.		Jan.	17 19	96	1:44	PM		
ner	4a. Fecility Nama (If not institution The Memorial						4b. City, Tow Eas	ton	ation of Death		of Death albo	t			
	5. Social Security Number 212-18-5872	6. Sex 1⊠ M 2□ F			Months Months	1 Year Deys	if Under 24 Hours	4 Hrs. 8	B. Deta of Birth (Month, Day, Dec • 12	2 1920	9. Birth Cou Mar	pleca (Stata ntay) y land	or Foreig		
tor	10a. Steta 10b. County	ester	10			9							City Limits		
	10e. Street and Number 116 Mill St	•			10f. Zip	Coda	21613		1	0g. Citizan of U	What Cou	ntry?			
þ	11. Marital Status  1 Nevar Married 2 Marri 3 Widowed 4 Divorced	Armed Fe ed 1 Yas If Yas, G	orces? 2 🔀 No iva	r in U,S. 13.				n? (Spec Puarto Ri			Black, Whita, etc.				
pleted	(Specify only highes	t grade completed)		(Give				of working	orking						
	11'	Last)			narmio	cist				Meiden Surnen		g stor	е		
To	Frank 19a. Informent's Name/Ralationsh		Evan	19b. Mali				or Rurai	Routa Number	City or Town,					
	20a. Mathod of Disposition			Ob. Placa of Disp	osition (Nan	na of thar pla	ce)		Data	20c. Location -	City or T	own, State			
	4 □ Donation 5 □ Other (Sp	ecify)	Stata	Salisbur	y Cren	nato d Addra	ry iss of Facility			Salisbu	iry M	arylan	ıd		
	23a Part I Enter the disease or	700 Locust St. Cambridge MD 21613  23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heef failure. List only one cause on each line.  Approximate interval Batween													
	shock, or heert fallura. List of Immedieta Causa (Final disease or condition rasulting in death)	0	neum	ona					isophistory and			Interval Ba Onset end	tween Death		
Medical	Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Ceusa (Disease or Injury that initiated evants resulting in death) Lest	b. 80 c. Co	Dua De D	to (or as a consa								3 wes	MS.		
									24a. Was an autopsy performed?		81	vallable prior empiation of	to		
	25. Was casa rafarred to madical						26 Piace o	of Death /		7	1	□Yas 2□	] No		
2	axaminer? 1 ☐ Yes 2 ② No	Hospital:	Inpatient	2□ ER/Outpatie	nt 3□ DO	A Oth	or.				er (Speci	(tv)			
		28a. Data (Mon	of Injury	28b. Tima o		8c. Injui Wo	y at rk?	28				,			
Certific	3 Suicida 6 Could n 4 Homicida determin	ned 200. Piece							28f. Location (Street and Number or Rural Routa Number, City or Town, State)				nber,		
edical	29a. Cartifiar 12kCertifying (Check only one)	xaminer: On the b	asis of axa	/ knowledge, deet mination and/or in	h occurred a vestigetion,	at the tir in my c	ne, deta and plnion, daath	place, an occurred	d due to the ce l at the time, de	ause(s) and ma ata and place,	anner as s end due t	stated. o the cause(	s)		
2	29b. Signetura and this of certifier	Olman	m		290	Licens	e number		2	9d. Deta signe	d (Month,	Day, Year)			
	30. Nama and addrass ot person w	no complated caus	sa of death	(Item 23a) (Type,	Print)										
	31. Data filed (Month, Day, Yaar)	1996 Jul	Ragistrar's S	Signatura Weex-Rarda	Ц										
	Certification: To Be Completed by Physician/Medical Examiner To Be Completed	S. Social Security Numbar   212-18-5872   Usual Residence of Decedant   10a. Steta   10b. County   Maryland   Dorch   10e. Street and Number   116 Mill St   11. Merital Status   1 Nevar Married   Married   Nevar Married	S. Social Security Number   212-18-5872   1	S. Social Security Number   212-18-5872   S. Mary   100	S. Social Security Number 212-18-5872  Usual Residence of Decedant 10e. Street and Number 110e. Street	S. Social Security Number   212-18-5872   Sex   180 M 2 F   7. Age (In yrs. lest birthday)   If Under 212-18-5872   Unual Residence of Decedent   10a. State   10b. County   Maryland   Dorchester   10c. City, Town or Location   Maryland   Dorchester   10b. State   10b. County   Maryland   Dorchester   10c. City, Town or Location   Cambridge   10c. Street and Number   11b. Sex   21b. Mariel Status   10b. Street and Number   11b. Sex   21b. Mariel Status   10b. Street and Number   10b. State   10b. County   10c. City, Town or Location   Cambridge   10c. City, Town or Location   10c. City, Town or Location   Cambridge   10c. City, Town or Location   10c. City Town or Location	S. Social Security Number   180 M 2   F 7. Age (In yrs. lest birthiday)   18 Under 1 Year Morths   180 M 2   F 75   Yrs.   100   190   100   1	S. Social Socurity Number   S. Sex   T. Aga (in yrs. lest birtholey)   H. Under 1 Year   H. Under 2   12 - 18 - 58 72   150 M 2   F   75   Yrs.   Months   Obys   Hours   100. Steps   100. County   Mary I and   Dorchester   100. City   Town or Location   Dorchester   100. Steps   100. County   Mary I and   Dorchester   100. Steps   100. County   Mary I and   Dorchester   100. Steps   100. County   Mary I and   Dorchester   100. Steps   100. Cambridge   21. Mary I and   100. City Town or Location   Cambridge   11. Merital Status   11. Merital Status   12. Was Dependent Ever in U.S.   Armed Forces   11. Merital Status   11. Merital Status   12. Was Dependent Ever in U.S.   Armed Forces   11. Merital Status   11. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   11. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   11. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   11. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Merital Status   12. Was Dependent Ever in U.S.   13. Was Decendent of Hispenic Origin   14. Was Decendent of Hispenic Origin   14. Was Decendent   12. Was Dec	5. Social Security Number 2 12 18 M 2D F 75 yrs. Months Days Hours Min. 21 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	6. Social Security Number 212—18—5872 100 M 20 F 75 Vrs. Moreira Obys Hrs. 10 Ques of Burning Committee of Decedant 1 100 County Min. 212—18—5872 100 M 20 F 75 Vrs. Moreira Obys Min. 212—18—5872 100 County Min. 212—18—5872 100	Secolar Secolar Number   212-18-5872   15 M 2   P 7, Age (in yrs. leaf birnhopy)   10 note: 1 Value   10 n	Social Soviety Number   10	5. Social Security Numbers 2. 158 at 158 country 158 c		

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	

Carmen Hernandez,

31. DATE FILED MONTH

MD

	1. DECEDENT'S NAME (First, Middle, Last)		OLI	TIFICAT		5271171	2. DATE	REG. NO.		3.	TIME OF DEATN
	Carol	Ann		בות	ingto	an a	Тап	uarv 1		196 (	5:10 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bit	thday) IF UND	R 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH			CE (State or Foreign
	579-46-5011	1 M 2 X F	58	YRS. MONTHS		HOURS MIN.		28,19		lashi	ngton, D.(
~	9e. FACILITY NAME (If not institution, give s		1			OR LOCATION OF D	EATN			Y OF DEAT	
CTOR	Frederick Memoria	al Hospit	al		Fred	erick			Fre	deri	ck
5	10e. STATE 10b. COUNT			Oc. CITY, TOWN		TION				100	I. INSIDE CITY
DIME	7-11-1	erick		Freder	ick					1 8	YES 2 NO
ייייייייייייייייייייייייייייייייייייייי	807 Stratford Dr:	1110			101	21701					T COUNTRY?
	11. MARITAL STATUS		IT EVER IN U.S. ARME		1170 050			10.00		S.A.	
- 1	1 Never Married 2 Married		YES 2 XNO	"   "	If yes, sp	ENDENT OF NISPA ecify Cuban, Mexic 2 XNO Speci	an, Puarto		or No-	Black, W	American Indian, hita, etc.
0	3 Wildowed 4 X Divorced	IF TES, GIVE V	en on bales		1   125	Z ZNO Speci	iy:			Specify:	White
ED	15. DECEDENT'S EDU (Specify only highest grade		(Give I	DENT'S USUAL	during mo	ON ost of working	16	. KIND OF BUS	SINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5	+)	NOT use retired	)			No	20		
N N	17. FATNER'S NAME (First, Middle, Lest)		Seci	etaly		18. MOTNER'S N	AME /First				
Ö	Milton U. Brown						-	. Reicl			
00	19a. INFORMANT'S NAME (Type/Print)		19b, M	AJLING ADDRE	SS (Street e	and Number or Rural	Route Nun	nber, City or Tow	n, Stete, Zip C	ode)	
2	Mr. Thomas R. Hi	ghling	11	.91 Avo	nda1	e Court	Fred	erick,	Md.	2170	2
	20c. METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  Smithsburg Crematory  20b. PLACE AND DATE OF DISPOSITION (Name of committee) Crematory or other place)  Smithsburg Crematory  1/17 Smithsburg, Md.  22b. PLACE AND DATE of DISPOSITION (Name of committee) Crematory or other place)  Smithsburg Crematory  ROBERT E. DALLEY & SON FUNERAL HOMES, P										
	* Solet 6	Lail	kerts	- 1		T E. DAI N. Marke					
	23. PART I. Enter the diseases, or hook, or heast fellule.	Complication and	Couled he death	. Do not ent	r the mo	ede of dying, au	ch aa car	diac or reapi	ratory arre	nt,	Approximate Interval Between
	IMMEDIATE CAUSE (Final			1 4							Onset and Death
	reaulting in death)	a. MASS	OR AS A CONSEQUE	ceal b	rea						10 hrs
_		L CITY		INCE OF J.							
0	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE OF):			-				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	. alcoh									
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	NCE OF):							
CER		d									
ا بـ	PART ii. Other aignificant condition	ne contributing to	death but not rese	uiting in the	ınderlyin	g causa given ir	Part i.	24s. WAS AN PERFOR			RE AUTOPSY FINDINGS ALLABLE PRIOR TO
MEDICA								1 TES 2	XNO		MPLETION OF CAUSE DEATN?
	DID TODA 600 HEE 604	DIDLITE TO CA	1165 05 05 17	\ \\ \\ \	N	7			•	1 [	YES 2 NO
SICIAN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIROLE IO CA		F DEATH (Chec			N L				
Sici	EXAMINER?	HOSPITAL:	ER/Outpatient 3	ОТН	ER:	ne 5 🗆 Rasidence	e 🗆 ou	(P#-)			
PHY	27. MANNER OF DEATN	26a. DATE OF	INJURY 2	8b. TIME OF	28c. IN.	JURY AT	7	SCRIBE NOW I	NJURY OCCL	PRED	
ВУР	1 Naturat 5 Pending 2 Accident Investigation	(Month, £	vay. reary	M		YES 2 NO					
<b>B</b>	3 Suicide 8 Could not be 4 Nomicide determined		OF INJURY — At home, etc. (Specify)	, farm, street, fe	ctory, offic	co.		CATION (Street of or Town, State)		r Rural Rout	Number,
LET	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	I my knowledge, daeth	occurred at the	time data	and place, and du	a to the co	use(e) and mar	nner en state		
OMPL	one)		xamination and/or tove								d menner as ateted.
00	29b. SIGNATURE AND TITLE OF CERTIFIE		7			29c. LICENSE NU					onfh, Day, Year)
245	Curren & demant D35271 > 1/17/96										
O BE	Curren a We	wanto				D350	27/			1/17	96

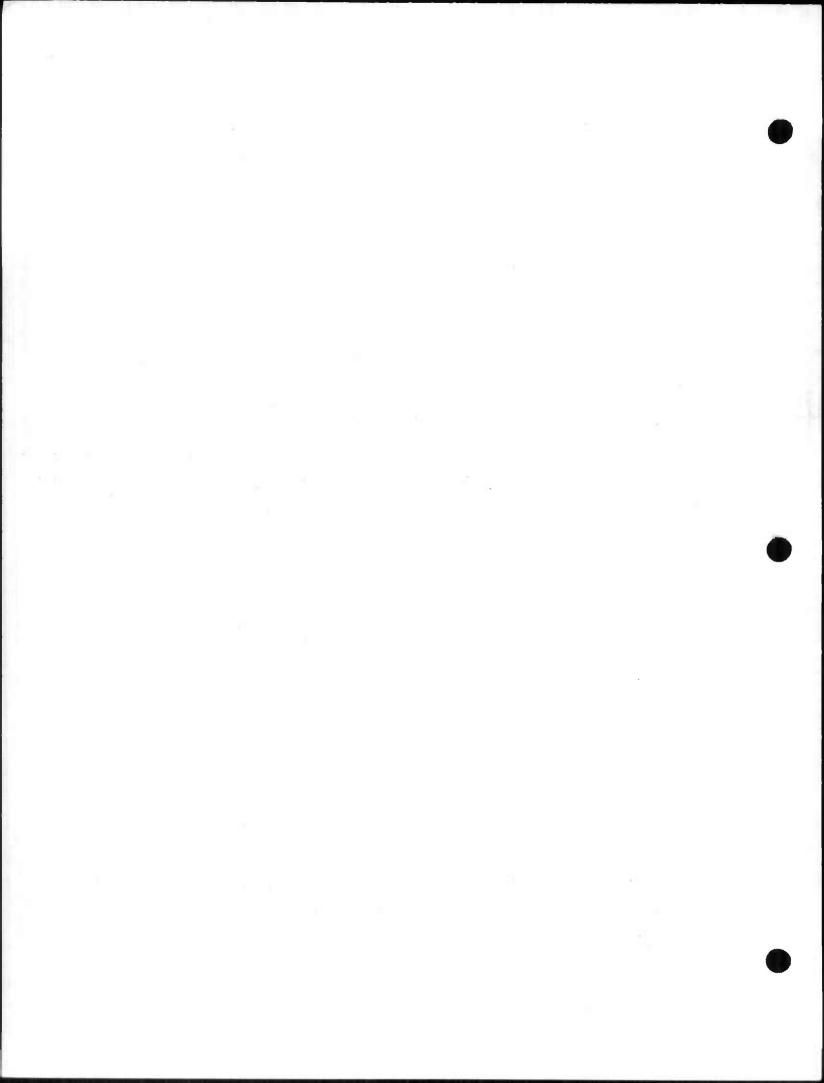
1D 310 West 9th Street, Frederick, Maryland 21701

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) HELA EWENDER		Jan. 12, 19	6 YE	3. TIME OF	DEATH 50 P.M		
		INDER t YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State			
	067-22-6563 1 □ M 2 🖾 F 91 YRS. MON	THE DAYS HOURS MIN. ]	laff. 1.3 , 1904	Gé	Thany	or roraign		
~		CITY, TOWN OR LOCATION OF DE		9c. COUNTY	of DEATH derick			
DIRECTOR	Vindabona Nursing Home	Braddock Heigh	its	rrec	lelick			
EC		WN OR LOCATION			10d. INSIDE	CITY		
PHO	Maryland Frederick Brade	lock Heights			1 YES	NO NO		
AL	10e. STREET AND NUMBER	101. ZIP CODE			OF WHAT COUNT	RY?		
FUNERAL	6012 Jefferson Blvd.	21715		U.S.A	Α.			
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxica		or No— 14.	RACE — American Black, White, etc.	Indian,		
ВУ	1 Never Married 2 Married  3 X Widowed 4 Divorced  1 YES 2 2 NO  IF YES, GIVE WAR OR DATES	1 TES 2 NO Specify			SpecifiWhite			
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USU.	AL OCCUPATION	16b, KIND OF BUS	IMEGG/IMPLIGI	rpy			
E		done during most of working	Too. KIND OF BOO	MC33/MC03	161	- 74		
1	12th Housekeep	er	None					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)				
Karl Hohn Anna Reisabeta								
Mrs. Erica Kennedy  1323 Philipway Suisun City, CA 94585								
	21. SIGNATURE OF PUREITAL SERVICE LICENSE	ROBERT E. DAI	PILITY C CONT I	CIMED A	THOMES	D A		
	to the sound	1201 N. MARKE						
	23. PA T Enter the death Do not o	nter the mode of dying, auc						
	shock, or heart failure. List only pre-sause of fact line.	intel the mode of dying, auc	n as cardiec or reapi	atory arrest	Interv	oximate rai Between		
	IMMEDIATE CAUSE (Fine)	1 a ala de aa	Lower	,	Unsei	snd Death		
	disease or condition a. a. advance d alzhe pue to (or as a conscouence on:	imers type	cheniumti	a	ye	ars		
_								
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury							
=	that initiated events  resulting in death) LAST							
<b>H</b>	d.							
	PART II. Other significent conditions contributing to death but not resulting in the	e underlying cause given in			24b. WERE AUTOP			
3	congestive heart failure		PERFOR  1   YES 2	-	AVAILABLE P			
	0				OF DEATH?	NO NO		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  CONGISTURE  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  1 YES 2 NO  24b. WERR ANALYDOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 Inpetiant 2 ER/Outpetient 3 DOA  THER:  1 Inpetiant 2 ER/Outpetient 3 DOA  27. MANNER OF DEATH  28b. DATE OF INJURY  (Morifit, Day, Year)  28b. LIMBE OF 18b. INJURY WORK?  28b. DATE OF INJURY  (Morifit, Day, Year)  28c. INJURY AT WORK?								
BY	1 Netural 5 Pending 2 Accident Investigation	M 1 TES 2 NO						
60	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, strass building, stc. (Specify)	, factory, office	281. LOCATION (Street a City or Town, State)	nd Number or f	Rural Route Number,			
	4 Homicide determined							
4	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred st	the time, deta and place, and due	to the cause(a) and man	ner as stated.				
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in	my opinion, death occured at the	time, data and placa, an	due to the cr	succ(a) and menner	as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI		29d. DATE S	GNED (Month, Day,	Ybar)		
TO B	Kathleen Stem MS	D32	2073	<b>&gt;</b> //	13/96			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print KATHLEEN STERN, MD 610 9th Ave.	Brunswick, Md	. 21716	7				
	31. DATE PILED MODITADE SEGNATURE SIGNATURE SI							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

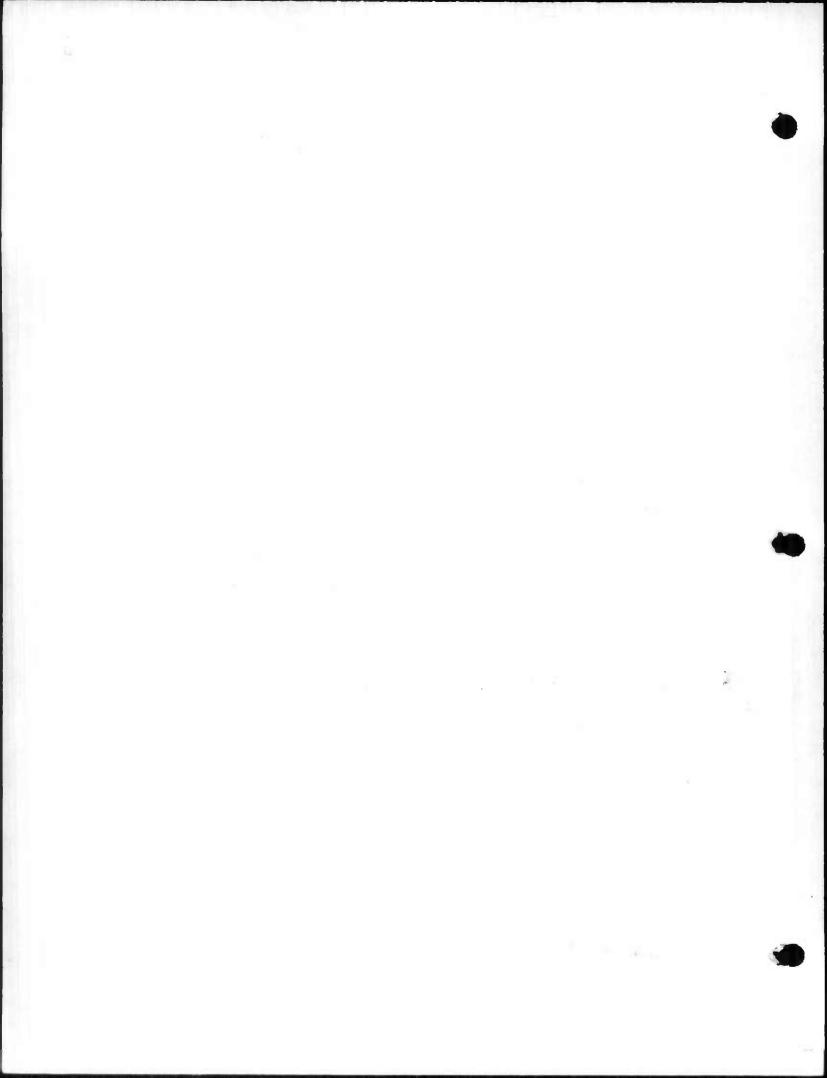
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)  Anna	Grace		FOX		MONTH	OF DEATH	,1996 <sup>**</sup>	3. TIME OF DEATH 12:15 am M
	4. SOCIAL SECURITY NUMBER 217-10-9890	1 □ M 2 🔀 F	95 yrs. lest birthday)	SF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ( Month	of BIRTH	00	IRTHPLACE (State or Foreign ountry) laryland
TOR	98. FACILITY NAME (# not institution, give s  Citizens Nursing RESIDENCE OF DECEDENT				derick	EATH		Fred	derick
. DIRECTOR	4	v Cederick	10c, CIT	y, town or Locat Frederi					10d. INSIDE CITY LIMITS? 1 K YES 2 NO
FUNERAL	1900 Rosemont A				21702			U.	S.A.
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spi		ean, Puarto Rican, etc.) Blac			RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5+)				16b.	KIND OF BUS	Own	
BE CON	17. FATHER'S NAME (First, Middle, Last) Grant	S	LAN	ITZ	18. MOTHER'S NA Lillie		Aiddle, Maiden		FITZ
2	Mr. Gerry Lee Po			hawnee I			ick, M	farylan	d 21701
20b. PLACE AND DATE of DISPOSITION (Name of Lace and Date of Disposition (Name of Disp						anover Funera derick	, Pennsylvania 1 Home , MD 21701		
ATION	ahock, or heart feilure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,					flac or reapl	ratory arrest,	Approximata interval Between Onset and Death But S
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d	CONSEQUENCE O			0.41			
PHYSICIAN: MEDICAL					UNCERTAL		24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NOW UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTHER:  OTHER:									
	27. MANNER OF DEATH  1 Netural 5 Pending Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY 28c. INJ	e 5 Residence URY AT RK? YES 2 NO	· ·		NJURY OCCURE	ED
3 Suicide 8 Could not be determined City or Town, State)  28. PLACE OF INJURY — At home, farm, atreat, factory, office building, stc. (Specify)  28. LOCATION (Street and Number or Rural City or Town, State)						ural Route Number,			
COMPLET	nani siin	BICIAN: To the best of my knowl ER: On the besis of examination							use(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Reform	)		29c. LICENSE NUI D/39	MBER		29d. DATE SIG	SNED (Month, Day, Year)
Robert L. Kaufmann, M.D., 300 West Ninth Street, Frederick, Maryland 21701							ad 21701		
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  July Durislan-Randill								

make apply of a

burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached for use as the
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE	OF MARYLAND / DEPAI	RTMENT OF H		MENTAL HYGIENE								
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH						
	EVELYN RIDENOUR	FISHER		- 0	JAN. 14,		7:00 pm						
	4. SOCIAL SECURITY NUMBER 6. SEX	8. AGE (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign						
	218-50-3925 1 □ M 2		MONTHS DAYS	HOURS MIN.	SEPT. 28,		ÄRYLAND						
~	9a. FACILITY NAME (If not institution, give street and nur	nber)		R LOCATION OF DE	ATH	9c. COUNTY OF D							
DIRECTOR	801 E. MAIN ST.		THURMON	I		FREDERI	CK						
E E	10a. STATE 10b. COUNTY	10c. Cr	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY						
	MARYLAND FREDERICK	TH	URMONT				1 XYES 2 NO						
3AL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?						
FUNERAL	801 E. MAIN ST.			21788		U.S.A.							
	1 Never Merried 2 Merried FORCI	ES? 1 YES 2 NO G, GIVE WAR OR DATES	If yes, spi		IC ORIGIN? (Specify Yea 1, Puerto Rican, etc.)	or No- 14. RAC Blac Spec	E — American Indian, k, White, etc.						
ВУ	3 Wildowed 4 Divorced	, GIVE WAN ON DATES	1 1 163	2 NO Specify.		WHIT							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	Work done during mo	N st of working	16b. KIND OF BUS	INESS/INDUSTRY							
LE.	Elamentary/Secondary (0-12) College (	1-4 or 5+)			CCHOOL	SYSTEM	7.0						
M	17. FATHER'S NAME (First, Middle, Last)	LABORE	N.	18 MOTHER'S NAI	ME (First, Middle, Maiden 5								
		IDENOUR		CLARA		ETZEL	7.7						
BE	19e. INFORMANT'S NAME (Type/Print)		O ADORESS (Street a		loute Number, City or Town								
DOROTHY FAVORITE  32 BLUE RIDGE AVE., THURMONT. MD 21788													
20s. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) WELLER CEMETERY  1/18  20c. LOCATION — City or Town, State THURMONT, MD													
	RMONT, M	D											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			T E. DAT	LEY & SON.	P. A.							
	615 E. MAIN ST., THURMONT, MD 21788												
	23. Part Enter the diseases, or complication ahock, or heart failure. List only	one that caused the death. Do	not enter the mo	de of dying, auch	a cardiec or respir	ratory arrest,	Approximeta Interval Between						
	IMMEDIATE CAUSE (Fine)												
ŀ	resulting in death)	DUE TO (OR AS A CONSEQUENCE O	6 Hear	410	usun		mo						
-	- (1	the and alon	Atia	Henit	- Dison	. 1	>10m						
5	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):	M caco		~							
S	CAUSE (Disease or injury												
E	that initiated events	DUE TO (OR AS A CONSEQUENCE (	OF):										
CERTIFICATION	d						-						
AL	PART II. Other significant conditions contribu	ting to death but not resulting	in the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY 246 MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
	Dialita Helli		Auger	ucula	1   1   YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?						
ME	Chipmic oty	pertering			_	100	1 - YES 2 - NO						
PHYSICIAN: MEDIC	Jaiopatin	& cuino	M										
C	25. WAS CASE REFERRED TO MAD CAL EXAMINER? HOSPI 1 YES 2 NO 1 Inner		OTHER:	ACE OF DEATH (C)	Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual								
HYS		lent 2 ☐ ER/Outpatient 3 ☐ DOA  DATE OF INJURY 28b. TI		e 5 🗆 Residence	8 ☐ Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCUREO							
	1 Netural 5 Pending	(Month, Day, Year)		RK? YES 2 NO									
D BY	3 Suicide 6 Could not be 28e.	PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, offic		28t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,						
TED	4 Homicide determined				ony or rown, crase,								
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the	e best of my knowledge, death occur	red at the time, data	and place, and due	to the cause(a) and man	ner as stated.							
NO.	one) 2 MEDICAL EXAMINER: On the b	pasts of examination and/or investigat	lon, in my opinion, d	eath occured at the	time, data and place, and	d due to the cause(	e) and manner se stated.						
BE (	29b. SIGNATURE AND TITLE OF CENTIFIER		10 am	29c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Day, Year)						
TO B	Mg	Laur	A MIL	DIG	10)	1/1	6/96						
	30. NAME AND ADDRESS OF PERSON WHO COMPLE ALAN CARROLL, M.D.,	, ,,,,,		RC MD 2	1727								
	31, DATE FILED (Month, Day, Year) 32, R			IG, IID Z	1141								
	JAN 1 9 1996 32. REGISTRATE SIGNATURE RANGES												

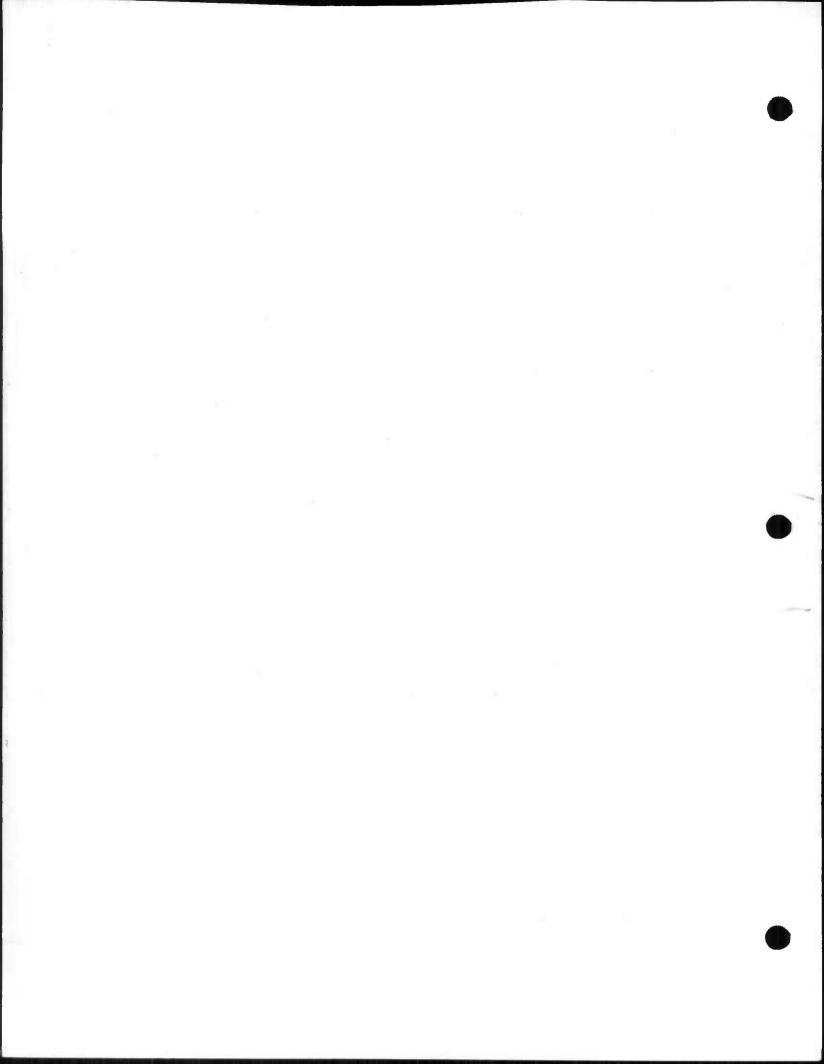


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR 1

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH	
,	Harr	v Vern	on Frush	our						JAI		MY ) C	97	0234 m	
-1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	E BIRTH		9. BIRTH	PLACE (State or Foreign	
	220-18-2491		1 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	16,	1914	Md	y)	
	Se. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATI	ION OF DI				NTY OF D		
K	Washington	Co. H	ospital				Hag	gerst	own				Wash	ington	
DIRECTOR	RESIDENCE OF DEC	EDENT										_			
뿐	10e. STATE	10b. COUNTY			t0c. CIT	Y, TOWN (								10d. INSIDE CITY LIMITS?	
▫▮	Md.	wa	shington			DO		oro				,		1 YES 2 NO	
₹I	10e. STREET AND NUMBER	r D.1					10	f. ZIP COD				_		WHAT COUNTRY?	
ÿ I	66 Hillcres	t Rd.							L713				J.S.A		
2	11. MARITAL STATUS  1 Never Married 2 📆	Married	FORCES? 1	YES 2 N	MED					NIC ORIGIN' en, Puerto R	? (Specify Yelicen, atc.)	s or No-	14. RACE Black	American Indian, c, White, etc.	
BY FUNERAL	3 Widowed 4 Divo		IF YES, GIVE Y	W. II			1 TYES	2 X NO	Specif	y.			Speci	ite	
		EDENT'S EDU	CATION	16e, DE	CEDENT'S	USUAL O	CCUPATI	ON		16h.	KIND OF BU	ISINESS/INI		ITLE	
COMPLETED	(Specify onl	y highest grade	completed) College (1-4 or 5	life	ive kind of v Do NOT us	vork done se retired.)	during mo	ost of worki	ing						
릴	Elemental productions (	,	4	"	teac	her					publi	c sch	ools		
S S	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA		liddle, Meider				
BEC	Rev. Ch	arles	Nelson F	rushour				Varv	Alio	се На	Harshman				
	19e. INFORMANT'S NAME (				b. MAILING	ADDRES			and the same of th		er, City or Tox		Code)		
2	Rebecca E.	Frusho	our	- 6	66 Hi	11cr	est	Rd.	, Boo	onsbo	ro, M	d. 2	21713		
	20e. METHOD OF DISPOSIT	ION	oval from State	20b. PLACE	AND DATE	OF DISPOS	N) MOLTIS	ame of		OATE 20c. LOCATION — City or Town, State					
	4 Donation 8 Other	Grossr	nickl						3 My	ersvi	11e,	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home														
	Muddely	1100	th_								ddlet			21769	
	23. PART L Enter the d	iseases, or o	omplicetions the	it coused the de	eath. Do n	ot enter	tha mo	ode of dy	/Ing, suc	ch as card	lac or reap	olratory ar	reat,	Approximata	
	IMMEDIATE CAUSE (Fir		lat only one car	use on each line	).									Onset and Death	
- 1	disease or condition resulting in death)		. Cardi	acuir shi	ch_										
	resuming in death)	1.	a. Cardil	(OR AS A CONSEC	DUENCE OF	F):							1/3/96 230AM		
Z	Commentally that condition	Au	te Massi DUE TO c. Severe	ve anter	olate	ial	nufo	Chrolit	ul in	tardre	ч			7 30 AM	
일	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSEC	OUENCE OI	F):		1	,			A Section		a 1/7/96.	
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju	ing iry	c. Severe	OTHER DELL	NOTIC	peny	chorn	& and	car	rain	sculler	aisea	se	THE IZN	
	thet initiated eventa reaulting in death) LAS	Т	DOE TO	OH AS A CONSEC	DUENCE OI	r):									
岂			d										-		
	PART II. Other eignifice			death but not r	reculting	In the u	nderlyln	g ceuse	given in	Part I.	24a. WAS AI	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
EDICAL	Diabetes n	relli his	_							1	1 TYES			COMPLETION OF CAUSE OF DEATH?	
MEC												/		1 TES 2 NO	
	DID TOBACCO U	ISE CONT	RIBUTE TO CA	AUSE OF DEA	TH YE	S 🗆	NO [	JUN	CERTAI	NØ					
SIA	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:	26. PLAC	E OF DEAT										
S	1 TYES 2 XNO			ER/Outpstient 3	□ DOA	4 Nu		ne 5 🗆 R	lesidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	200.00	26e. OATE OI (Month, I	F INJURY Day, Year)	28b. TIM INJ	E OF		JURY AT ORK?		28d. DES	CRIBE HOW	INJURY OC	CURED		
ВУ	1 X Natural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	□ NO						
		Could not be	26e. PLACE ( building	OF INJURY — At ho , etc. (Specify)	ime, term, i	etreet, fec	tory, offi	ce			ATION (Street or Town, State		r or Rural i	Route Number,	
Solutions of Could not be determined building, etc. (Specify)  29s. CERTIFIER (Check only one)  21 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner se stated.															
ᆲ	10110011 01111 / 0	TIFYING PHYS	ICIAN: To the best o	f my knowledge, de	eth occurr	ed at the	time, dat	e end plac	e, end du	e to the cau	se(e) end me	enner ee ste	rted.		
S	one) 2 MED	ICAL EXAMINE	ER: On the besis of	xemination end/or	investigation	on, in my	opinion,	death occu	ared at the	e time, date	end place, e	and due to t	he couse(	s) and manner es stated.	
BEC	29b. SIGNATURE AND TITLE								ENSE NU			29d. DA		(Month, Day, Yeer)	
	Switm.							D'	14316				1/10/	96	
유	30. NAME AND ADDRESS O														
			et, blage												
31. DATE FILED (Marth, Day Year) 1996 32. REGISTRAR'S SIGNATURE Roules Roules															



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	Pages 1	
o may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 i, or removal.	s marked or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	completely fill rial, cremation	T
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mires	Sign	NWG
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9	has	n 23
-	ter this certificate has been signed by the attend ath with the State Dept. of Health and Mental H	Her
SA	the	0
MIS	this c	rkad
N	After	E
Z	DR. A	
A	RECTI	item 28
5	- Doll	Her
F. F.	in 72	T.
Ĕ	With With	PORTANT II
분	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	POR
2	23	2
1	)	

							96	02608
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD CATE OF DE		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  MURIEL  F		OREMAN			2. DATE OF DEATH DAY YEAR JANUARY 3 - 1996 10		S. TIME OF DEATH A
TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 579–40–7364	1 🗆 M 2 💢 F	74 YRS.	IONTHS DAYS HOU		7. DATE OF BIRTH (Morith, Day, Year) May 24, 1921		BIRTHPLACE (State or Foreign Country) ashington, D.C.
	9a. FACILITY NAME (If not institution, give str SOUTHEAD MAN RESIDENCE OF DECEDENT	PITAL	96. CITY, TOWN OR LOCATION OF DEATH CHNTON			PRINCE GEONES		
	Manyland Prince	10c. CITY,	18c. CITY, TOWN OR LOCATION Fairmount			t Heights   10d. INSIDE CITY LIMITS?   1 × YES 2 NO		
	100. STREET AND NUMBER 5915 Jay Street			101. ZIP CODE 20743			10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	2 NO If yes, specify Cuban, Maxican					
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th grade	(Give kind of wo life. Do NOT use	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)  JSEWIFE  Domestic				TRY	
	17. FATHER'S NAME (First, Middle, Last)	Housewife 18. MOTHER'S NA			LOTIESTIC  MME (First, Middle, Maiden Surname)			
	William Lom		D			Deloris Richardson		
	194. INFORMANT'S NAME (Type/Print)  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mr. William P. Foreman (Husband)  5915 Jay Street Fairmount Heights, Maryland 20743							20743
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   1/20c. Location — City or Town, State   1/20							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rollins Funeral Home, Inc. 4339 Hunt Place, N.E. Washington, D.C. 20019							
TED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  Due to join as a consequence on:							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Sequentially list conditions, fit any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
	PERFORMED? AVAILABLE PRIOR TO							COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TO UNCERTAIN							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:							
	1 TYES 2 NO  27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJURY		8 Other (Specify) 28d. DESCRIBE HOW I	N.IIJRY OCCUE	NEO.
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU			Ess. DEGOTABE 110W		
	3 Suicida 8 Could not be 4 Homicide detarmined	— At homa, larm, atreet, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
TO BE	296, MONATURE AND TITL OF CERTIFIER  A D A LLUNGLING Dec. LICENSE NUMBER  296, LICENSE NUMBER  296, LICENSE NUMBER  296, DATE SIGNED (Miniti), Day, Year)  13, 96  30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	LAXMI BERWA 7700 OLD BRANCTT Avenue CLINTON MICHAY/HAD							
	JAN 19 996	32 REGISTRAR'S SIGN						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Debt, of Health and Mentral Hygiene prior to burial, cremation, or removal.

INDORDANT: It issue 28 is marked, or them 23 shows any Intury, or other traumatic event. The medical examinar must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	OLITTI	ICATE OF	DEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	_			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
	Tudu	Fergy	50~		January	8,199	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER ! YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (Stete or Foreign ountry)
	579-68-6588 1 M 2 X 1	49 YRS.	MONTHS DATS	HOURS WIN.			Nest VA.
	9e. FACILITY NAME (If not institution, give street end number)	2.1	9b. CITY, TOWN C	OR LOCATION OF DE	HTA	9c. COUNTY C	OF DEATH
S S	SHADY Grove ADVEN	mst Hosp.	Roc	KVILLE	, MD	MON	TGOMERY !
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY						Leaven arm
2	11		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		TCK 1	Winch				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	2	101	2260	1	10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	528 Freemont					00	
교	1 News Married 2 Married FORCES?	DENT EVER IN U.S. ARMED  1 YES 2 NO	If yes, sp	ecify Cuben, Mexice	IIC ORIGIN? (Specify Yee n, Puerlo Ricen, etc.)	or No- 14. F	RACE — American Indian, Black, White, etc.
B≺	3- Widowed 4 Divorced	E WAR OR OATES	1 D YES	2 Specify	r.		Specify: Black
	ts. DECEDENT'S EDUCATION	16a DECEDENT'S	USUAL OCCUPATION	ON.	16b. KIND OF BUS	INESS/INDUSTE	DITTO
COMPLETED	(Specify only highest grade completed)	(Give kind of a	work done during mo	st of working			
12	Elementary/Secondary (0-12) College (1-4 or	Hou	se wife	9	DON	HESTI	C
N N	17. FATHER'S NAME (First, Middle, Last)	11.00	-50 11		ME (First, Middle, Maiden	Sumamal	
2	HOLMES TAYLOR	2		MAr	V Har	dv	
BE	tee, INFORMANT'S NAME (Type/Print)		ADDRESS (Street a	and Number or Rural I	Route Number, City or Town	n. State. Zin Code	e)
2	SARA TAYLOR	19120		MEADOL			ours HD 20875
3	20e, METHOD OF DISPOSITION	20b. PLACE AND DATE			-	CATION - City	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ceamery, crespetory or o	the place	en JA	NIS, 1996 V	Nincl	noster
	21. SIGNATURE OF UNERAL SERVICE LICENSUS	OITICK	22. NAME AF	NO AODRESS OF FA		~ 0 11	1005101
	· Dan IN	MAN	CAT	-twrigh	1+ Fuller	ar Ho	me
	Lager y	WPOR	437	N. CAM	pecis st.	MINCH	me hester, VA
	23. PART I. Enter the disesses, of complications abook, or heart failure. Liet only one	thet ceused the death. Do a	not enter the mo	de of dying, such	h ss cardiac or respi	ratory srrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final						Onset and Death
	disesse or condition resulting in death)	TO (OR AS A CONSEQUÊNCE O	aloun	ane	o+		undrow
	DUE	TO (OR AS A CONSEQUÊNCE O	F):	)			Con OF come or
Z	Sequentially list conditions,	ung car	cino	me			Charlen
Ιĕ	if sny, leading to immediate	TO (OR AS A GONSEQUENCE O	F):				Lenknow
2	CAUSE (Disease or injury	ialietes	nell	itus			1000
	that initieted evente resulting in deeth) LAST	TO (OR AS A CONSEQUENCE III	e):				i l
CERTIFICATION							
9 1	PART ii. Other aignificant conditions contributing	to deeth but not resulting	in the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS
EDICAL					1   YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE
						74	OF GEATH?
N.	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEATH Y	ES NO F	UNCERTAIL	V.BJ		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEA			/-		
SIC	EXAMINER?  I VES 2 0 1 Inpatient	2 ER/Outpetient 3 DOA	OTHER:	ne 57 Reeldence	6 Other (Specify)		
H	27. MANNER OF DEATH 26e. OATE	OF INJURY 28b. TIM	E OF 26c. INJ	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	ED
	Natural 5 Pending	h, Day, Year) IN-		YES 2 NO			
Э ВҮ	2 Accident Investigation 3 Suicide & Could not be 28e. PLAC	E OF INJURY — At home, lerm,	street, lactory, offic		261, LOCATION (Street of	end Number or R	Jural Route Number,
	4 Homicide determined build	ing, etc. (Specify)			City or Town, State)		
<u> </u>	29e. CERTIFIER		00 - 120 00 A - 120	viaza mizi		- C - C - V	
COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the best						unate) and manner to the d
8		or exemination author investigation	on, in any opinion, c			u ave to the ce	use(s) and menner se stated.
BE	29b. SYONATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)
01	Chelloran (X)	ungr	NO	036	779	90	muen, 8, 1991
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	CAUSE OF OEATH (ITEM 27) (Type	Print)	elogra	yh 2. 3	sherdr	:11 W.D.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR January George FORDHAM 1996 4:10 A. 7. DATE OF BIRTH (Month, Day, Year) JUNE 18 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign Country) 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 259-76-7021 GEORGIA 1 X M 2 - F 1951 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH OMMUN DOCTORS ANHAM MD HOSP. PRINCE GEORGES DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? PRINCE GEORGE MD VERDALE YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 67th Ct. 6385 20737 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO Specify BY BLACK 3 Wildowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) EDUCATION 5+ OUNSELDR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAM MATTIE FORDHAM BE 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, Stete, Zip Code) 6385 674 Ct. RIVERDALE 19a. INFORMANT'S NAME (Type/Print) 2 FORDHAM MD 20737 JANICE 29a, METHOD OF DISPOSITION
1 A Burlel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE emetery, crematory or other place)
WOODLAWN JAN 6, 1996 MEN, PARK MACON. 21. SIGNATURE OF PENERAL SERVICE LICENSI 22. NAME AND ADDRESS OF FACILITY BENTLEY & SONS 2714 MONTPELIER AVE, MACON, GA 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Sepsis 2-3 Days reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 2-3 litrs Hypotennion CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? PERFORMED HW AIDS 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
| Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 DO 4 Nursing Name 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO BY Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida COMPLETED 8 Could not be 4 Nomicide determined 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD 042580 0 2 9

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
	577-36-4070A	1 M 2 F	92	YRS.					June 6,			les Cnty MD		
¥	9a. FACILITY NAME (If not institution,		ALTH	CNIC			R LOCATIO				UNTY OF D	Georges		
2	RESIDENCE OF DECEDEN	DECEDENT									I Ince	dediges		
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Upper Marlboro,									10d. INSIDE CITY LIMITS?					
AL DI	Maryland Pri	5		pper	_	ZIP CODE		aryranu	10a. C	ITIZEN OF V	1¥ YES 2 □ NO WHAT COUNTRY?			
	9311 Darcy Roa	ıd						0772				States		
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2			If yes, spi		n, Mexica	NC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACI Blact Speci	E — American Indian, k, White, etc.		
PLE ED	15. OECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(0	Rive kind of the Dome	vork done se retired.)	during mo	st of workin	g	16b. KIND OF	Priv				
E COMPL	17. FATHER'S NAME (First, Middle, Las Charles Bell	1)							ME (First, Middle, Maid		)			
O BE	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or					
	James L. Thoma	s Sr.							Marlbor		_			
	1 Burial 2 Cremation 3 4 Donation 5 Cother (Specify)		20b. PLACE other p	lece) Ha	rmon	y Me	mori	al	1/12	La	ndove	r, MD.		
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	ply	K.	A	1.exa		S.	Pope Fun			MD. 20747		
CERTIFICATION	23. PART,1. Enter the disease shock, or heert fel IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Ac MOUE TO DUE TO C. Art	COR AS A CONSE	EQUENCE O	Pi:	Arr Fr Con	by	Haman 110	nia extim Arter	+	//S a	Approximate Interval Between Onset and Death  3 mm =  1 year  30 yrs		
PHISICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Other significant co													
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BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident tovestig		let seri	26h. TIN	E OF JURY M		URY AT FIX?	] NO	214. ОЕВСЯШЕ НО	W BLIURY (	OCCUMED			
	3 Suitride 6 Could n 4 Homicide determin	of be 25e. PLACE (	OF INJURY — At h etc. (Specify)	ome, farm,	street, lac	dary, offic	-		28f. LOCATION (Size City or Town, St		ber or Flurel	Route Numbec		
COMPLEIED	and a	PHYSICIAN: To the best of a										s) and manner as stated.		
O BE C	296. SIGNATURE AND TITLE OF CEI	Farson.	MD					Z Z		29d. C	ATE SIGNED	(Month, Day, Year)		
-	Richard A. F.	arson, m	SE OF DEATH (ITI	825	- 0/	47	ort	4 TF	d Ft. h	lark	m	196 D20744		
	31. DATE FILED (Month, Day, 1941)	96 Jahra	AR'S SIGNATURE	of the										
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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death JANUARY **Physician** AVAULIT FOX 08 1996 10:10 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince Georges Hospital Cheverly Pr If Undar 24 Hrs. 8. Date of Birth Hours Min. 8. Date of Birth (Month, Dey, Year) Prince Georges 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Yaar Birthplaca (Stata or Foraign Country) **Funeral** Months Devs 1□M 3EF Yrs Director 579-90-5687 September 16,1967 Washington, D.C. Usuel Residence of Decedent nit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland derinent of Health end Mentel Hygiene. ordant: If terms 23a or 28a-f show ordant: If terms 27a or 28a-f show injury or other tranmatic event, I'm Medical Exercities must be nedled as injury or other tranmatic event, I'm Medical Exercities must be nedled as 10e. Stete 10b. County 10c. City, Town or Location t 0d. inside City Limits Yes 2 No Directo Maryland Prince Georges Landover 10e. Street end Numbar 10g. Citizen of What Country? 10f. Zip Code Funeral 2370 Vermont Avenue #103 20785 USA Rece - Amarican Indien, Black, White, etc. 12. Wes Decedant Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yas, Giva Year or Detes: 1 Never Merried 2 Married Maryland 21215-0020 1 ☐ Yes 😥 ☐ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: B1 ack Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Pricing Clerk Private 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Surnama) Henry Buchanan Fox 2 Earnesteen Kornegay 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Earnesteen Fox-Fryar 6615 Valley Park Road Capitol Heights, MD 20743 Baltimore, 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata Dete 1 Deurial 2 Cremation 3 Removel from Stete Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Cemetery 1-16-Landover, Maryland 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility J.B.JENKINS FUNERAL HOME Shimberly C Buscoe-Tonic 7474 Landover Road Landover, MD 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intarval Between Onsat end Deat **Physician** /Medicai Immediate Cause (Final diseasa or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The lew requires that the death certificate be asscuted Sequentielly list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest and Due to (or es e consequance of): P.O. Box 68760, physician Physician/Medicai the Due to (or es a consequence of): attanding or significant conditions contributing to death but not resulting the 23b. Did tobacco use contributs to the cause of death? been signed by should be detec 3 Probably 4 Wiknown 1 Yss 2 No Division of Vital Records, þ Be Completed 24b. Were eutopsy findings evalleble prior to completion of cause of daeth? 24e. Wes an eutopsy parformed? this certificate has 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: funeral director, 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Other 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 UMO HOW 3 DOA 2 ER/Outpatient 28e. Dete of Injury (Month, Dey Year) 27. Menney of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending Investigation 1 Neturei 1 TYes 2 No death. 2 Accident after death 6 Could not be 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner as steted.

Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the c Medical 29a. Ce inetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner st 29b. Sic d title of cartific 9c. License number 29d. Dete signed (Month, Dey, Year)

6201 Greenbelt Road Suite Ul Greenbelt, MD

Registrar's Signature

State Registrar Dennis

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

M.D.

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPART	MENT OF	HEALTH	AND M	ENTAL HYGI				
		1. DECEDENT'S NAME (First, Middle, Last)	7-1						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	FARN ham	in yrs. last	( hirthelms)	IF UNDER 1 YEAR	IF UNDER	2 24 4400	7. DATE OF BIRTH		1996	11:00 P m	
		211 - 2001	1 - M 2 - F	97		ONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Country) Engla	LACE (State or Foreign	
pinous		Se. FACILITY NAME (If not institution, give street	et and number)	10	1	Db. CITY, TOWN				9c. COU	NTY OF DEA	ATH 1	
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Pages	#	10a. STATE 10b. COUNTY	de dii, iomi on bossion										
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100	FUNERAL		676 North Riverside Drive 21032 U.S.A.										
020 physician. burial-transit	J.		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARA	MED	13. WAS DE	CENDENT C	OF HISPANIC	ORIGIN? (Specify Puerto Ricen, stc.)		14. RACE -	- American Indian, White, etc.	
21215-0020 al or attending physician, for use as the burial-tran	ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA					Specify:	Poerto Ricen, atc.)		Specify:		
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IARYLAND ttained by the hospit should be detached	BE C	Charles Suppl	е				The Land		et Mary		еу		
MARYLAND retained by the hospit should be detached notified at once.	2	190. INFORMANT'S NAME (Type/Print)  Jean Buttice							ute Number, City or			00707	
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IMORE, Page 6 may be al director, page ner must be r		1 M Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	aton, oraș	antoni or othe	a mineral		n. 1/	22/96 Ar				
BALTIMORE, there death. Page 6 may be the funeral director, page oval.	18	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE / O O O			22. NAME A	ND ADDRES	SS OF FACE	LITY				
BALT after death. by the funera noval.		Francis Gasch's Sons Funeral Home, P.A.  4739 Baltimore Ave. Hyattsville. MD 20781  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate											
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the the		IMMEDIATE CAUSE (Final disease or condition	SEPS15								Onset and Death		
68760 ecuted within and completely burial, crema		DUE TO (OR AS A CONSEQUENCE OF):											
and o bur	ON	Sequentially list conditions,  Due to (or as a consciuence of):											
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DS, P.O. the death certification the attending p of Mental Hygien injury, or other	CER	d.											
m = 55 -	¥	PART II. Other algnificent conditions CORONAPW	contributing to death bu	ut not re	sulting in	the underlyin	g cause g	given in Pa		AN AUTOPSY		WERE AUTOPSY FINDINGS	
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> 0 = -	N.	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEAT	TH YES	□ NO ₽	UNC	ERTAIN	-		1	YES 2 1 NO	
一年 報 報 馬	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	8. PLACE		(Check only one)							
내 음 등 등	HYS	1 YES 2 NO 1	Vinpetient 2 ☐ ER/Outpu 28e. DATE OF INJURY	rtient 3		☐ Nursing Hon	DURY AT		Other (Specify)	N IN ILIEN OCC	TIPED		
NG PHYSIC fter this cer eath with th marked, o	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJUR	Y WO	PRK? YES 2		ou. DESCRIBE NO	T INSONT OCC	ONED		
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DIVISION DR ATTENDING ORECTOR: After hours after death Item 28 is man	щ	And CERTIFIED											
로 경 전 도	COMPL	(Check only	N: To the best of my knowled On the besie of exemination									and manner as stated	
THE HOSPI THE FUNER filed within PORTANT:		296. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUMB				Month, Day, Year)	
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## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 026 14 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Year **Physician FLORENCE** JANUARY 1996 3:00P **FREELAND** 11 W. /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hosp. Center Prince George's Cheverly
If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (Steta or Foreign Country) 7. Aga (In yrs. lest birthdey) **Funeral** Months Min. Davs Hours 1 M 2 X F 71 Yrs Director 217-12-2871 8/17/24 Wash., D.C. Usual Residence of Decedent filed within 72 hours after deeth with the Marylend 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examper must be notified at 1 Yes 2 No Director Md. P.G. Seat Pleasant 10e. Street and Number 10f. Zin Code 10g, Citizen of What Country? 20743 806 Minna Ave. U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas Ž☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Status Bleck. Whita, atc. 1 Never Married 2X Married Baltimore, Maryland 21215-0020 Black 1 Yes 2 X No ρ Specify: 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Hygiena. 11th Homemaker Own Home other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Pages 1 and 2 should be nent of Health end Mental is marked of 10 Vernelle Livingston Eugene Wilkinson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health el Important: if Item 27 is any injury or other tratonce. 7925 Polk St., Glenarden, Md. 20706 Laverne Massie-daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State Harmony Mem. Park 1/20/96 Landover, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility
H.S. Washington & Sons, inc.
4925 Burroughs Aye., N.E.

23a. Parl. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 22. Nama and Addrass of Facility Approximate Interval Between Onset and Death **Physician** Immediata Cause (Final disease or condition resulting in death) /Medical diar and Examiner Dua to (or as a consequence of): Physician/Medical Examiner MANDNOON The law requires that the death certificate be executed the bunel-transit Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue Box 68760. Who corgia physician Due to (or s a consequence of): as esn P.O. Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Dfd tobacco use contribute to the cause of death? 94 page 2 should be detached 2 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed performed' certificata has 1 Yes 2 No 1 Yes 2 No or Attending Physician: director. Be 25. Was case rafarred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Othar: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this funeral 27. Manney of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Dascribe how injury occurred 5 Pending investigation 1 Natural death. 1 Yas 2 No 2 Accident 24 hours after deat Funeral Director: 6 ☐ Could not be 3 Sulcide 28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) filled in by 4 Homlcide Hospital 29a. Certifler 1 Certifying Physician: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and dua to the cause(s) and manner stated. within 2 the th 29d. Data signed (Month, Day Year) 29b. Signature and title of certifier 29c. Licensa number 10 30. Name and address of person who complated cause of death (Itam 236) (Type, Print) 3. Registrar's Signature

Registrar

Jan 23 296 for a commoderate

wal. Il examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica	
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	
DALLINORL, MARILANT		

31. DATE FILED (Month, Day, Year)

								96		2615
	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT OF		MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2 DATE OF DEATH			3. TIME OF DEATH
3	10hn GR	-24 1	OHN E	DWA	ARD G	REY	Jan. 20,	1996	YEAR	3:00 PM
- 9	SOCIAL SECURITY NUMBER		S. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1330	a puntun	LACE (State or Foreign
- 1	220 26 1770	1 □W2 □ F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	400	Country)	
			68	Tho.			June 11,	192	111111	yland
~	9a. FACILITY NAME (If not institution, give s	treet and number)				OR LOCATION OF D	EATH	9c. COL	INTY OF DEA	ATH
DIRECTOR	ATLANTIC GENERAL HOSPITAL BERLIN WORCE							RCES	TER	
ב	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40 017	Y, TOWN OR LOC						
IRE			-		ITON			1	IOd. INSIDE CITY LIMITS?	
								1	YES ZY NO	
The street and number and the street and number and							IAT COUNTRY?			
EF	8649 Saddle Cree	k Drive				21811		U.5	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	WED			NIC ORIGIN? (Specify Yes		14. RACE -	- American Indian,
7	1 Never Married 2 Married	IF YES, GIVE WAS	OR DATES	0		pecify Cuban, Maxic S 2 NO Speci	an, Puarto Rican, etc.)		Specify:	White, atc.
ВУ	3 Widowed 4 Divorced					X	•			White
ED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DEC	CEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/IN	DUSTRY	
E .	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during n se retired.)	ost of working				
릴	9	, , , , , , ,	Me	char	nical Co	ntractor	Electr	ical		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden		•	
	Upshur Riley Gr	01/				Minnie		00.712.1707		
BE	19a. INFORMANT'S NAME (Type/Print)	EY	106	MAILING	ADDRESS /Com at		Route Number, City or Tow	. 0		
2	Lillian H. Grey						r. Berlin			
	20a. METHOD OF DISPOSITION				OF DISPOSITION (I					811
	1 X Burial 2 - Cremation 3 - Rame	oval from Stata	cemetery, cren	natory or o	ther place)		1		City or Town	
	4 Donation 5 Other (Specify)	evere.	Evero	reer	Cemet		1/23/96 B	erlir	A MD	
	7/1/1	1				ND ADDRESS OF FA		108	Williar	ms St.
	1 SULL	Surface.			Burb	age Fund	eral Home	Berl	in M	D 21811
	23. PART I. Enter the diseases, or o	complications that	caused the dec	eth. Do r	ot enter the m	ode of dying, suc	ch se cardisc or respi	ratory ar	rest.	Approximate
	shock, or heart failure.	List only the cause	e on each line.							Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	CA	NIA	2	0/	lun.	9/			Oliset and Death
	resulting in death)									1
- 1	DUE TO (OR AS A CONSEQUENCE OF):									
_		DUE TO (C	H AS A CONSEC		,	(				
NO O	Sequentially list conditions,	b		HENCE OF						
ATION	If any, leading to immediate	b	PR AS A CONSEQ	UENCE OF						
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	PR AS A CONSEQ		<b>-</b> ):	(				
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING	b			<b>-</b> ):		<i>(</i> )			
CERTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted evente	b	PR AS A CONSEQ		<b>-</b> ):		<u></u>			
ᄗ	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted evente	b. DUE TO (0	R AS A CONSEQ	UENCE OF	-): -):	ng ceuse given in			24b. V	VERE AUTOPSY FINDINGS
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9733 Healthway Dr.

32. REGISTEAR'S SIGNATURE

Berlin, MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AND	MENTAL HYGIEN			
		1. OECEDENT'S NAME (First, Middle, Le CLIFFORD WII	LLIAM GLOVE			2 DATE OF OFATH	17:30 P M		
	8	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year) Mar. 20,	B. BIRTHPLACE (State or Foreign		
3 should		9a. FACILITY NAME (If not institution, gi	1 X M 2 ☐ F 67	YRS.	9b. CITY, TOWN OR LOCATION OF		1928 Washington, D. C		
1, 2, 3 s	TOR	Atlantic General Hospital Berlin Worces							
permit. Pages	DIRECTOR	Maryland Wor	rcester		r, town or Location ean City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
t permit.	AL	10e. STREET AND NUMBER			101. ZIP CODE	10g, CITIZEN OF WHAT COUNTRY?			
the burial-transit	FUNER	2813 Tern Driv	12. WAS DECEDENT EVER II	N U.S. ARMED	21842		U.S.A. s or No. 14. RACE — American Indian,		
s the bur	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D WWII	ATES	If yes, specify Cuban, Max 1  YES 2 NO Spe		Specify: White		
for use as	ETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 5+)	18a, DECEDENT'S (Give kind of w life, Do NOT us	USUAL OCCUPATION vork done during most of working e retired.)	16b. KIND OF BU	ISINESS/INDUSTRY		
detached f	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Drafts		Goveri	nment Contracting		
id be de	BE CO	Jacob Glover			Anna	Roberta Ho	ook		
and completely filled in by the funeral director, page 5 should be detached burial, cremation, or removal. natic event, the medical examiner must be notified at once.	10	19s. INFORMANT'S NAME (Type/Print)  Martha Ann Cam	pbell		ADORESS (Street and Number or Run Tram Road W	aldorf, MD	vn, State, Zip Code) 20601		
ector, page		20a. METHOD OF DISPOSITION  1	lamoval from State	D. PLACE AND DATE Of the terry, crematory or of the Henry	open Crematory	OATE 20c. LC	CATION — City or Town, State Frankford, DE		
tuneral din L examiner		21. SIGNATURE OF TONERAL SERVICE		ape mem	22. NAME AND AOORESS OF	FACILITY	108 Williams St.		
by the fur moval. ical exa	-	23. PART I. Enter the diseeses, o	or complications that clused	d the deeth. Do n	Burbage Fur				
y filled in by th ttion, or remove the medical		shock, or heart fellul IMMEDIATE CAUSE (Finel disesse or condition	re. List only one deuse on e	ach line.	LER FAIR		Interval Between Onset and Death		
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6 e	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF	function		( week		
the attending I I Mental Hygien njury, or oth	CERTIFIC	resulting in death) LAST	a Castroin	test.ml	blecdi	5	13 dys		
2 2 2	AL	PART II. Other eignificant condit	tions contributing to deeth b	out not reaulting i	n the underlying cause given	PERFO	RMED? AMILABLE PRIOR TO		
been signed pt. of Health a 3 shows any	MEDIC					1  YES :	OF DEATH?		
Se Se	SIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)	IN 🗆 📗			
certificate to the State d, or item	PHYSICI,	1 VES 2 NAO  27. MANNER OP DEATH	HOSPITAL: 1 Superlient 2 ER/Outs 28a, DATE OF INJURY	petient 3 DOA	OTHER: 4 Nursing Home 5 Residence E OF 28c. INJURY AT	e 8 Other (Specify)	IN.HIRY OCCUBED		
After this death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident investigation		inal	M 1 YES 2				
after 28	TED	3 Suicide 8 Could not 4 Homicide detarmined		— At home, farm, a	treet, factory, offica	281. LOCATION (Street City or Town, State)	and Number or Rural Route Number, )		
7 S =	COMPLE	9991			d at the time, data and place, and d		nner as stated.  nd due to the cause(s) and manner as stated.		
TO THE FUNERAL be filed within 72 I	BE CO	296 SIGNATURE AND TITLE OF CERTIF			29c. LICENSE N		29d. DATE SIGNEO (Month, Day, Year)		
₽ <b>8 8</b>	TO B	30. NAME AND ADDRESS OF PERSON	200	ATH (ITEM 27) (Type,	Print)	576	1/20/96		
	Dr	Bsher Touleima 31. DATE FILEO (Month, Day, Year)		3 Health		lin, MD	21811		
	ط	JAN 23 <sub>1996</sub>	32. REGISTRANG SIGN	- della					

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 1 2 6 1 7

		Decedent's Neme (First, Middle, I			Certificate			Re	g. No.		
Physici	an							2. Dete of Deat Month	Dev	Vear	Time of Deeth
/Medic		Kathleen	Gray					Januar	7		8:00A
Examin	er	4a. Facility Neme (If not institution, g				4b. City,	Town, or Lo	cation of Deeth	4c. County	of Deeth	
		1458 Gilber	t Road				rno1d			Anne	Arunde
Funeral		Social Security Number     6.		je (In yrs. last bi	Months	1 Yeer If Und Deya Hours	er 24 Hrs. Min.	<ol><li>Date of Birth (Month, Dey,</li></ol>	Year)	9. Birthpiace	(Stete or Foreign
Director		202-32-9683	IDM 2QLF	5 3	Yrs.			Jan. 3	1, 19	42 Ic	wa
2		Usuel Residence of Decedent									
nyla show	_	10a. Stete 10b. County		10c. City, Tov	n or Location						nside City Limits
the Marylan r 28a-f show	cto	Maryland Anne	Arundel		Arı	no1d				1	Yes XXNo
से <b>१</b> ० के	<u>a</u>	10e. Street and Number			10f. Zip	Code		1	0g. Citizen of V	What Country?	
23a or		1458 Gilbert	Road			2	1012		U.	.S.A.	
	Completed by Funeral Director	11. Meritei Status	12. Wes Decedent	Ever in U,S.	13. Wes Deced	ent of Hispanic ( ify Cuban, Mexic	Origin? (Spe	cify Yes or No-		e - American II	ndlen,
after des	Ē	1 Never Married 2 Married	Armed Forces?		If Yes, spec	ify Cuban, Mexic	an, Puerto F	Rican, etc.)	Bied	ck, White, etc.	
d within 72 hours aft giene. or than "natural", or in Medical Emeri	by	3 ☐ Widowed 4 ☐ Divorcad	1 Yes 2XXX If Yes, Give Yeer or Detes:	7.0	1 ☐ Yes 2	No Speci	fy:		Specify		
hoc	P	15. Decedent'a	THE RESERVE	160	Decedent's Hene	I Occupation			16b. Kind of Bu	Whit	
n 72	let	(Specify only highest g	rede completed)	100	Decedent's Usue (Give kind of wor life. DO NOT us	k done during m	ost of working	g	TOO. TANG OF DE	291110901111003(1	y
with than	Ĕ	Elementery/Secondery (0-12)	College (1-4or :	5+)							
Hygi ther m,	ŏ	12+ 17. Fether's Neme (First, Middle, La.	et)		Manag	18 Mo	ther's Name	(First, Middle, A	F t	rnitu	re
d all b	Be	William Ude	•			10.100		ances		-,	
Me	2										
d 2 should be filled within in and Mental Hygiene. I is marked other than "traumatic event, the Men		19e. Informent'a Neme/Reletionship		191	o. Meliing Address						
and ealt n 27		Mr. Carl J.	Gray		1458 G:	ilbert	Road				
T He T		20e. Method of Disposition  XBuriel 2 ☐ Cremetion 3	Domewal from State	cemete	of Disposition (Nem	ther piece)			20c. Location -		MD
Pag nent: H		4 Donetion 5 Other (Spec	ify)	Maı	yland '	Veterar	ns Ce	m. 1-1	9-1996	5 Crow	nsvill
permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", any injury or other traumatic event, if a Medical Langue.		21. Signature of Fungral Service Mo			22. Neme en	d Address of Fed	cility				
Depa Impo any ir		6 / 4	1/12110	mai	Barra	anco & Ritchie	Sons	Funer	al Hon	ne	
		1m1856	y arign	20							21146
		23a Fant Penter the disease, or co	one ceuse on each li	ne.	not enter the mode	e of dying, such	ea cardiec o	r respiretory erre	est,	App	proximeta prval Between
Physician			A.v.							On	set and Deeth
/Medical Examiner	1	Immediate Cause (Finel disease or condition	ADEN	OCARCI	NOMA O	F THE	BRE	157		5	YRS.
Examine	L.	resulting in deeth)	0.		consequence of):						
ъ <del>с</del>	Ine										
icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions,	D	Due to (or es a	consequence of):						
requires that the death certificate be execut een signed by the attending physician and hould be detached for use as the burial-tran		Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events									
yslc b	Medical	thet initiated events resulting in death) Lest	C	Due to (or es e	consequence of):					-	
tifica g ph as t	8	resulting in death) Lest									
ndin	3		d								
atte	Physician/	Deat II Other should be an an addition									
chec chec	lys	Pert II. Other eignificant conditions	contributing to death b	ut not resulting i	n the underlying ca	ause given in Pe	rt I.	23b. Did to	1/	ntribute to the	cause of death's
that deta deta	=							1 Y	2.25 No	3 Probabl	y 4 ☐ Unknow
ires that the death cer signed by the attendin d be detached for use	þ									041 141	A
v require been si should	Completed							24e. Wes en	n eutopsy ned?	eveliab	le prior to tion of cause
	출									of deet	
The ate h	5							1 ☐ Y€	s 2 No	1□Ye	s 2 No
	Be	25. Wes case referred to medical				26. Ple	ce of Deeth	(Check only on	A)		
To the Hospital or Attending Physician: which 24 hours after death this cartific To the Funeral Director: After this cartific completely filled in by the funeral director,	ToE	examiner?	Hospitel:	ent 2 ER/O	utpatient 3 DO	Other		ne 5 Reside		er (Specify)	
Phys eral d		27. Menner of Deeth	28a. Dete of Inju	ry 28b.		Bc. Injury et Work?		8d. Describe ho			
ding th.	유	1 Neturel 5 Pending 2 Accident Investigeti	(Month, De	y Year)	Injury M	Work? 1 ☐ Yes 2	□No				
or Attending after death. Director: After in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not	28e. Plece of Inju	ury - At home, fe	erm, street, fectory	office	2	8f. Location (St	reet end Numb	er or Rural Ro	ute Number.
Dire	Te	4 Homicide	building, etc	c. (Specify)	,, , , , , , , , , , , , , , , , , , , ,	, 011100		City or Town			-io rtambor,
To the Hospital within 24 hours in To the Funeral completely filled		200 Cartina Manua -			Carrier III. San	CHILD TO THE					
To the Hospital within 24 hours To the Funeral completely filled	edical	[Uneck only 2] Medical Exa	hysician: To the best of miner: On the basis of	examinetion en	e, deeth occurred e d/or investigetion,	it the time, dete- in my opinion, d	end piaca, e eeth occurre	nd due to the ce d et the time, de	ouse(s) end ma ete end piece, o	nner es stated and due to the	l. cause(s)
the the		GIA)	and menner ste	eted.							
5 × 5 × 6	ΣI	29b. Signeture and title of certifier			290	License numbe	r	25	9d. Date signed	d (Month, Day,	Year)
		146mix Sex	Edu, mD			D30	701		1/19	196	
	ŀ	30. Name and address of person who	completed cause of d	eeth (Item 23a)	(Type, Print)_		1	n	plist		
		600 Kidaelia	Dire (1)	12	0 120	Mahn	1,3 L	111 0	21401		
Sta	0	31. Dete filed (Month, Day) Year)	32. Registro	er's Signature	0	100	11/	W.			
Old: Benistr		LAN 95 1	000	Ad internal	Saudall	4	,				

permit. Pages 1, 2, 3 should

il or attending physician.	for use as the burial-transi		
r death. Page 6 may be retained by the hospital	he funeral director, page 5 should be detached for	21.	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the buriat-tran	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Dept	IMPORTANT: If item 28 is marked, or item 23

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH Rettye Beckwith

4. SOCIAL SECURITY NUMBER

5. SEX 11:20 am Ianuary 1996 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year, DAYS HOURS MIN 1 - M 2 X 229-42-0465 68 Dec. 2, 1927 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Severna Park Meridian Nursing Hm. Severna Park Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO Maryland Dorchester Fast New Market FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5712 Beach Haven Road 21631 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. ty Never Married 2 Married 3 Wildowed 4 Disease FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO Specify BY White 15. DECEDENT'S EOUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) ᆸ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12+4 Secretary Clothing Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Herman Allen Glenn Amy Lecompte North 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21146 Mrs. Amv Hunt Kakeland Rd South Severna Park, 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata 20s. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) Crematory 1-23-1996 Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Barranco & Sons Funeral Home 21146 495 Ritchie Hwy Severna Park implications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, PART I. Enter the diseases. Approximata Interval Between shock, or heart fall **Onset and Death** IMMEDIATE CAUSE (Final sease or condition DEHYDRATION 5 DAYC resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DEMENTIA L2HEIMER CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PEBFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 AND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 12 UNCERTAIN IN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 🗆 Residence raing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be determined ETED. 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Alludie ATTENDING D1/19/96 D21776 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 203 G. PATANSED AV BACTIMOREMY 21225 MUNDRA MD 31. DATE FILED (Month, Day, Year) 33 REGISTRAR'S SIGNATURE JAN 25 1996 Jebi Berden Randell

BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		STATE OF I	MARYL				HEALTH AND DEATH	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH	
MARGAR	ET I	FRANCES	GL	IARIN	10				uary 1		996	2:35 p M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (	In yrs. last t		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign
579-03-5155		1 M 2 X F		91	YRS.	NTHS DAYS	HOURS MIN.	Apri	18,1	904		sachusetts
9a. FACILITY NAME (If not in	stitution, give si	treet and number)			96	CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	
Doctors Co	EDENT		al			Lanha	m			Pri	.nce	George's
10a. STATE	10b. COUNTY				10c. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland	Princ	e George	's		Hyati	tsvill	е					1 X YES 2 NO
10e. STREET AND NUMBER							Y. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
6813 Farrag	ut Str	eet					20784			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN					CENDENT OF HISP pecify Cuban, Maxi-			or No-	14. RAC Blac	E — American Indian, ck, White, atc.
t Never Married 2 3 Widowed 4 Divo		IF YES, GIVE					S 2 NO Spec		,	100	Spec	
		CATION		40 - DEO		111 00000		1				White
(Specify only	EDENT'S EDU	completed)		(Give		done during m		16	b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+}		emake	,			Own Ho	ome		g
17. FATHER'S NAME (First, M Joseph	<sup>lddle, Last)</sup> Carran	10				3	18. MOTHER'S N				De	santi available)
tea. INFORMANT'S NAME (7	ype/Print)			19b.	MAILING AD	DRESS (Street	and Number or Rura	l Route Nun	nber, City or Tow	n, Stete, Zi	Code)	
Jean T. Gia		ni		1000							,	land 20784
20a. METHOD OF DISPOSIT 1	n 3 🗆 Rem	oval from State	20b cem M t	PLACE AN	ND DATE OF D	olace) Cemete		2/10	96 Wasl			Town, State
21. SIGNATURE OF FUNERA		CENSEE	ITT	. 01	TAGE (	_	ND ADDRESS OF		70 [Wasi	iringe	.011,	D.C.
WB	. G	eiser				4739		e Av	e.,Hya	ttsvi	.11e,	me, P.A. , MD 20781
23. PART I. Enter the d ahock, or h	seesea, or coert fellure.	complications the	nt coused use on e	the des	th. Do not	enter the m	ode of dying, au	ich aa cei	rdiec or reap	iratory ar	reat,	Approximata interval Between
IMMEDIATE CAUSE (Fir	nal											Onset and Death
disease or condition resulting in death)	<b>→</b>	a. Aspa	oiration Pneumonia TO (OR AS A CONSEQUENCE OF):									
			(OII NO N	COMSECU	DENCE OF):							10 days
Sequentially list condit	iona	L Uppe					Bleeding	}				10 days
Sequentially list condit If any, leeding to imme	diete		er Ga	ustro.	intes	tinal	Bleeding	}				13 days
	diete ING	a Abdo	er Ga OFF AS A Omina	istro. Conseou U Ao	intes			}				
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated evente	diete ING Iry	a Abdo	er Ga OFF AS A Omina	ustro.	intes	tinal		}				13 days
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju	diete ING Iry	a Abdo	er Ga OFF AS A Omina	istro. Conseou U Ao	intes	tinal		}				13 days
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If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated evente resulting in death) LAS	diete ING Iry	c. Abdo DUE TO	or Ga o (or as a o) mina o (or as a	ustro. I conseol I conseol	intes uence of): rtic uence of):	tinal Aneury	\$m		PERFO	RMED?	241	13 days  3 yrs  b. Were autopsy phoings available prior to completion of cause
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju thet initieted evente resulting in death) LAS	diete ING Iry	c. Abdo DUE TO	or Ga o (or as a o) mina o (or as a	ustro. I conseol I conseol	intes uence of): rtic uence of):	tinal Aneury	\$m			RMED?	241	13 days  3 yrs  b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju thet initieted evente resulting in death) LAS	T condition	c. Abdo  DUE TO	o (or as a of or as a of or as a	USTRO	intes.  rtic  rtic  pence of):	tinal Anewry	\$m	n Part I.	PERFO	RMED?	241	13 days  3 yrs  b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated evente reaulting in death) LAS  PART II. Other algnification of the cause of	T condition	c. Abdo  DUE TO  d. RIBUTE TO CA	o (or as a of or as a of or as a	U AO A CONSEOU A CONSEOU Dut not re	UENCE OF):  THIC UENCE OF):  WENCE OF DEATH (	Anewry  the underlyle  NO [ Check only one	sm g couse given	n Part I.	PERFO	RMED?	241	13 days  3 yrs  b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente resulting in death) LAS  PART II. Other algnifice	T condition	c. Abdo  DUE TO	O (OR AS A  O (OR AS A  O (OR AS A  O (OR AS A	U AO A CONSEOU A CONSEOU DE DEAT 28. PLACE	intes.  JENCE OF):  TIC  JUENCE OF):  JUENCE	Anewry  THER:	sm g couse given	n Part I.	PERFOI	RMED?	241	13 days  3 yrs  b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated evente reaulting in death) LAS  PART II. Other algnification of the cause of th	T condition  SE CONT  O MEDICAL	d. Abda DUE TO d. RIBUTE TO CA HOSPITAL: 1) topetion: 2 28e. DATE O	O deeth b	U AO A CONSEOU A CONSEOU DE DEAT 28. PLACE	UENCE OF):  THIC UENCE OF):  BUILDING IN T	Anewry  THER:  Nursing Ho  SF 28c. By	UNCERTA	n Part I.	PERFOI	NO NO		13 days  3 yrs  b. WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initiated evente reaulting in death) LAS  PART II. Other algnification of the cause of th	T  SE CONT  O MEDICAL  Pending investigation Could not be	d. DUE TO  d. RIBUTE TO CA  HOSPITAL: 1 topetient 2  28a. DATE O (Month.)	O (OR AS A  DIVINO O (OR AS A  DO (OR AS A	LACE PLACE	UENCE OF):  THIC UENCE OF):  OUT OF DEATH (  28b. TIME O	Anewry  THER:  Nursing Ho  SF 28c. By	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNITY AT  ORK?  YES 2 NO	n Part I.	PERFOI  1 YES:	INJURY OC	COURED	13 days  3 yrs  b. Were autopsy findings available prior to completion of cause of death?  1 yes 2 no
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED T  EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Vistural 5    2 Accident	T condition  SE CONT  O MEDICAL  Pending investigation	d. DUE TO  d. RIBUTE TO CA  HOSPITAL: 1 topetient 2  28a. DATE O (Month.)	O (OR AS A  DMINO O (OR AS A  DER/OUTE FINJURY Day, Year)	LACE PLACE	UENCE OF):  THIC UENCE OF):  OUT OF DEATH (  28b. TIME O	Anewry  Anewry  The underiyle  Check only one THER: Nursing Ho	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNITY AT  ORK?  YES 2 NO	n Part I.	PERFOI  1 YES :	INJURY OC	COURED	13 days  3 yrs  b. Were autopsy findings available prior to completion of cause of death?  1 yes 2 no
If any, leeding to imme cause. Enter UNDERLY: CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER? 1 YES 2 ND  27. MANNER OF DEATH 1 Hetural 5   2 Accident 3 Suicide 8   4 Homicide  29e. CERTIFIER 1 CERT	T  SE CONT  O MEDICAL  Pending Investigation Could not be determined	c. Abd.  DUE TO  d	OF INJURY OF INJURY OF, etc. (Special Control of the control of th	LACE  DE DEAT  28. PLACE  28. PLACE  28. PLACE	UENCE OF):  THIC UENCE OF):  BUILDING IN THE OF DEATH (  DOA 4  28b. TIME O  INJURY	Anewry  THER: Nursing Ho  If   28c.  h  Y M 1    et, !ectory, off	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA	n Part I.	PERFOI  1 YES:  Wer (Specify)  SCRIBE HOW  CATION (Street y or Town, State)	NJURY OC	CCURED or or Rural	13 days  3 yrs  b. Were autopsy findings available prior to completion of cause of death?  1 yes 2 no
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnification of the control of the cause of	T  SE CONT  O MEDICAL  Pending investigation Could not be determined	c. Abd.  DUE TO  d	OF INJURY DOR, Year)  OF INJURY OF I	CONSEQUENCE OF DEAT 28. PLACE Destination 3 (1)	UENCE OF):  THIC UENCE OF):  BUILDING IN THE OF DEATH (  DOA 4  28b. TIME O  INJURY  The occurred is	Anewry  The underlyle  Check only one THER: Nursing Ho  No 1 28c. IN Y M 1 0	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA	n Part I.	PERFOI  1 YES:  Der (Specify)  SCRIBE HOW  CATION (Street y or Yown, State)	NJURY OO	COURED or or Rural	13 days  3 yrs  b. Were autopsy findings available prior to completion of cause of death?  1 yes 2 no
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnification of the control of the cause of	T T SE CONT O MEDICAL  Pending Investigation  Could not be determined  TIFYING PHYS  ICAL EXAMINE	C. Abd( DUE TO  d.  RIBUTE TO CA  RIBUTE TO CA  ROSPITAL: 1 topetion 2  28e. DATE O (Month,  28e. PLACE building	OF INJURY DOR, Year)  OF INJURY OF I	CONSEQUENCE OF DEAT 28. PLACE Destination 3 (1)	UENCE OF):  THIC UENCE OF):  BUILDING IN THE OF DEATH (  DOA 4  28b. TIME O  INJURY  The occurred is	Anewry  The underlyle  Check only one THER: Nursing Ho  No 1 28c. IN Y M 1 0	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA	n Part I.	PERFOI  1 YES:  Der (Specify)  SCRIBE HOW  CATION (Street y or Yown, State)	INJURY OC	CURED or or Rural sted, the cause	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number.
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED T	T T SE CONT O MEDICAL  Pending Investigation  Could not be determined  TIFYING PHYS  ICAL EXAMINE	C. Abd( DUE TO  d.  RIBUTE TO CA  RIBUTE TO CA  ROSPITAL: 1 topetion 2  28e. DATE O (Month,  28e. PLACE building	OF INJURY DOR, Year)  OF INJURY OF I	CONSEQUENCE OF DEAT 28. PLACE Destination 3 (1)	UENCE OF):  THIC UENCE OF):  BUILDING IN THE OF DEATH (  DOA 4  28b. TIME O  INJURY  The occurred is	Anewry  The underlyle  Check only one THER: Nursing Ho  No 1 28c. IN Y M 1 0	UNCERTA  UNCERTA	n Part I.  S Oth 28d, De 28f, LO City  use to the cine time, del	PERFOI  1 YES:  Der (Specify)  SCRIBE HOW  CATION (Street y or Yown, State)	INJURY OC	COURED or or Rural sted, the cause(	B. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number.  (a) and mannar as stated.  D (Month, Day, Year)
If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted evente reaulting in death) LAS  PART II. Other algnifice  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER? 1 YES 2 ND  27. MANNER OF DEATH 1 Netural 5   2 Accident 3 Suicide 8   4 Homicide  29e. CERTIFIER (Check only One) 2	T SE CONT O MEDICAL  Pending Investigation Could not be determined  TIFYING PHYS ICAL EXAMINE	C. Abd( DUE TO  d	Or AS A  OMINO O (OR AS A  OMINO O (OR AS A  O (OR AS	LACONSEOLUL AO A CONSEOLUL AO A CONSEOLUL NOT PER DE LACE DESENTANT A LA HOME CONSEOLUL A LA HOME CONSEOLU	UENCE OF):  TIC  UENCE OF):  THE YES  OF DEATH (  DOA	Anewry  Anewry  The underivit  Check only one THER: Nursing Ho  F 28c. IN  M 1  et, fectory, offi	UNCERTA  UNCERTA  UNCERTA  UNCERTA  UNCERTA  UUNTY AT ORK? YES 2 NO ce e and place, and dideath occurred at the	n Part I.  S Oth 28d, De 28f, LO City  use to the cine time, del	PERFOI  1 YES:  Der (Specify)  SCRIBE HOW  CATION (Street y or Yown, State)	INJURY OC	COURED or or Rural sted, the cause(	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  Route Number.

agencia contrata de la companya della companya della companya de la companya della DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	EATH		3. TIM	ME OF DEATH
	ELNORA	GUILF	ORD			JANUA	RY 7		96 1	1:30 am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BI	RTH	8	BIRTHPLACE	(State or Foreign
		1 □ M 2 XX	87 YRS.	MONTHS DAYS			12,1	190B		AN, ALA.
R O	99. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF OEAT  ANNAPOLIS  ANNE ARU									DEL
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND PRINC	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? t X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4618 PENNSYLVA		10f. ZIP CODE 20716			10g. CITIZEN OF WHAT COUNTRY? USA				
W		12. WAS DECEDENT EVE		1 40 1100 0						
B	1 Never Married 2 Merried  SX Widowed 4 Divorced	ES 2 NO	If yes,	ECENDENT OF HISPAI apecify Cuban, Mexics ES 2 X NO Specif	an, Puerto Rican,	etc.)	or No 14.	Specify:	nericen Indian, e, etc. BLACK	
	15. DECEDENT'S EDUCA	TION	16a, DECEDENT'S			16b. KIND	OF BUSI	NESS/INDUST	TRY	
COMPLETED	(Specify only highest grade of Elementary/Secondary (9-12)	College (1-4 or 5+)	Ilfe. Do NOT u		most of working		12 T / CD			
N N	6th		НОМЕМ	AKER		PVT.				
	17. FATHER'S NAME (First, Middle, Lest)  JIM R.	ELLIS			18. MOTHER'S NA	ME (First, Middle, Y HOLM		umame)		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et end Number or Rural	Route Number, Cit	y or Town,	Stete, Zip Co	de)	
2	THADDEUS GREEN/	SON	7421	TAYLO	R ST. LA	ANDOVE	R H	ILLS,	MD	20784
	20e. METHOD OF DISPOSITION 197 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	20b. PLACE AND DATE cemetery, crematory or	other placel					or Town, Sta	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		HARMONY		IAL PARE		LANI	DOVER	, MA.	RYLAND
		Buse	Tonce		J.B. JI 4 LANDO		FUN	VERAL ANDOV	HOM ER, M	E D 20785
	23. PART i. Enter the diseases, or co	mplications that cau	sed the death. Do	not enter the i	node of dying, suc	h aa cardiac d	r respira	nory arrest		Approximate
	shock, or heert feliure. Li IMMEDIATE CAUSE (Final disease or condition	et only one couse o	n eech line.							Onset and Death
	resulting in deeth)  a. Due to (or as a consequence of):									LWEELS
Z	Secure Meth. Het conditions (C. b.									
CERTIFICATION	Sequentially liet conditions,  If any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE O	PF):					-	
	resulting in death) LAST									
8	- d.									
MEDICAL	PART II. Other significent conditions	contributing to deal	th but not resulting	in the underly	ing ceuse given in		WAS AN AN PERFORM YES 2	EO?	AMILA	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
						_   ' '	TES 2 9	340	OF DE	YES 2 NO
	DID TOBACCO USE CONTR	BUTE TO CAUSE	OF DEATH Y	ES NO	☐ UNCERTAI	N 🗆				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UOSDITA!	26. PLACE OF DEA		ne)					
SIC		HOSPITAL: 1 Inputient 2 ERA	Outpatient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Spe	clfy)			
PHYSICIAN:	27, MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		JURY	NJURY AT WORK?	26d. DESCRIB	E HOW IN.	JURY OCCUR	ED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJ	URY — At home, term,			28f. LOCATION	(Street en	d Number or	Rural Route N	lumber,
COMPLETED	4 Homicide 6 Could not be	building, etc. (	Specify)			City or Tow				
P		AN: To the best of my k	nowledge, death occur	red at the time, d	ate end place, end due	to the cause(e)	end mann	er as stated.		
One) 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cere								suse(s) end n	menner es steted.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		20		29c. LICENSE NU	MBER		29d. DATE S	IGNED (Mogith	h, Day, Year)
TO B	K. K. Hock	udu	, un		10051	92		1/1	0/9	76
	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (IDEM 27) (Typ	zz A	SA	5. A.	4 - 4	1	7.0	2/5/ 5
	31. DATE FILED (Month, Day, Year)	32 AEGISTRAS S	SIGNATURE	77/1	Orcsu V	r, HI	roya,	945	ud.	2170
	JAN 18 1330	your atten	HOTELSON,				•			

word one was 11th

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

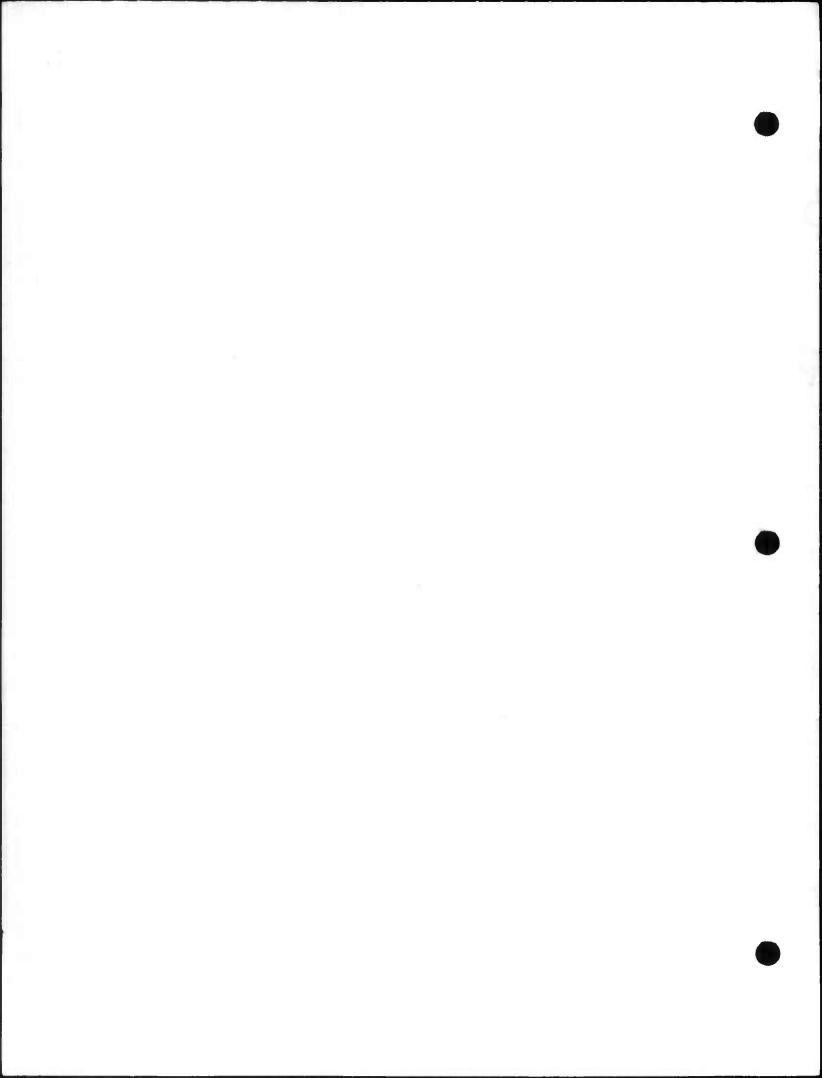
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.— hours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

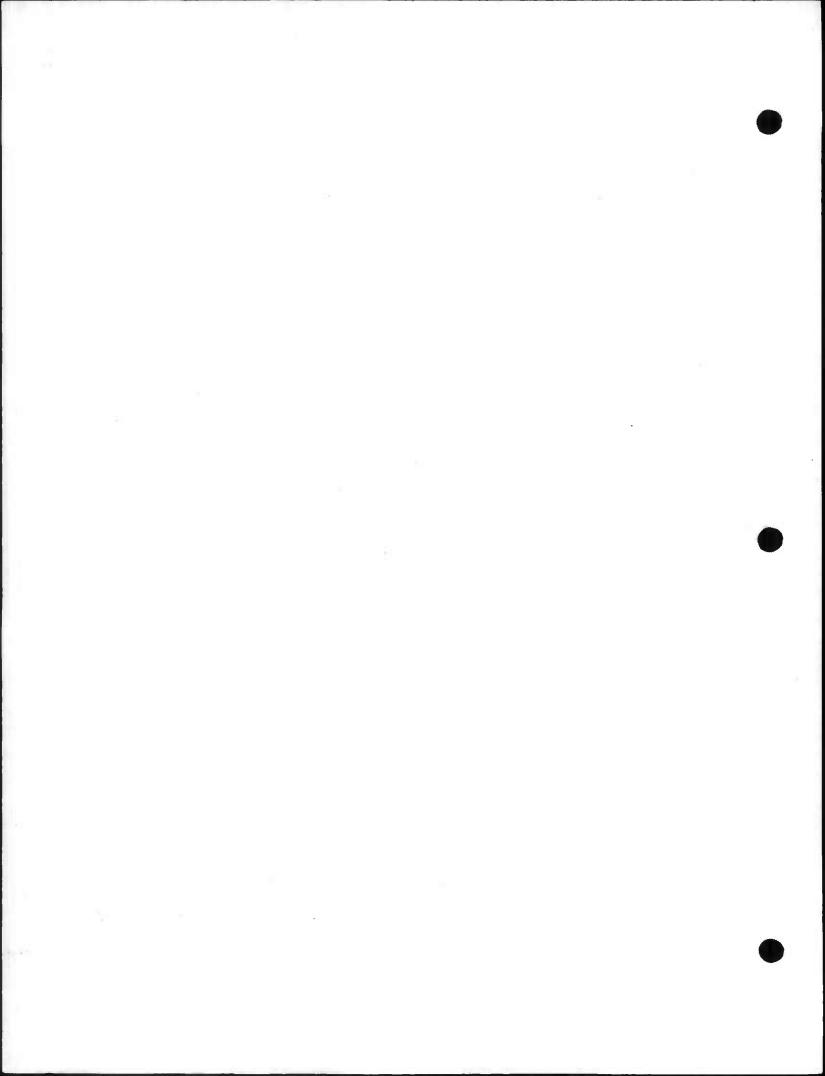
- 5	1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF DEATH			3. TIME OF DEATH
- 3	MANERVIA .H.	HARRIS							Jan 10		99L	322 P"
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHE Country	PLACE (State or Foreign
	217-03-5229	1 M 2 X	87	YRS.		APRIL 12, 1908 MARY					YLAND	
or I	9a. FACILITY NAME (If not institution, give	_			R LOCATI		EATH	15.00	NTY OF DE			
6	DORCHESTER G	L	CA	MBE	IDG	E		DORCHESTER				
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CITY	r, TOWN O	R LOCAT	ION				T	10d. INSIDE CITY
										1 XYES 2 NO		
3AL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN O											
FUNERAL										STATES		
F	11. MARITAL STATUS  1 Never Married 2 Married	MED IO	Il yes, specify Cuban, Maxica				in, Puetto Rican, etc.) Black,			— American Indian, White, etc.		
BY	3 Wildowed 4 Divorced	IF TES, GIVE	MAR OR DATES 21		'	I [ ] YES	5 XNO	Specify	<i>:</i> :		Specify	BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DE(	CEDENT'S	USUAL OC	CCUPATIO	ON at of working	ıa	16b. KIND OF BUS	SINESS/IN	DUSTRY	Dillon
	Elementary/Secondary (0-12)	College (1-4 or 5	+) //e.	Do NOT us	e retired.)			•	GEARO	O D 1	D A CITY	TNG GO
PM P	17. FATHER'S NAME (First, Middle, Last)			ABOR							PACK.	ING CO
	LEROY FONTLER	ΩY							ME (First, Middle, Maiden A HUMAINI			
BE	19a. INFORMANT'S NAME (Type/Print)	01	198	. MAILING	ADDRESS	(Street a			Route Number, City or Town		p Code)	
유	ERNESTINE CEP	HAS		831					VIENNA			869
	20a. METHOD OF DISPOSITION 1 X 9 gurlar 2 Cremation 3 Ran	noval from Stata	20b. PLACE A								City or Tow	
	4 Donation 5 Other (Specify)		WESL	EY Û							VIENNA, MD	
	21. SIGNATURE OF FUNERAL SERVICE L	IN TO	-				O ADDRE		WILLIAMS	ERE	DHIL	TON PASS
	acom g.	11/000	tor-e								1	BALTO., MD
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line.  Approximate interval Between											
	IMMEDIATE CAUSE (Final									Onset and Death		
	resulting in death)	· Jeptic	OR AS A CONSEC	LIENCE OF	n.							4-4041
-		Acut	Du el	ocitor of								4-hours
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									1		
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
불	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	7):							i 1
CE		d								-		
	PART II. Other significent condition			esuiting I	n the un	derlyin	g cause i	given in	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	uncontro led								1 _ YES 2	KNO		COMPLETION OF CAUSE OF DEATH?
M	multinteret				2010							1 NES 2 NO
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	E TO CAUS	SE OF	DEA				eck only one)			
PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ 000A	OTHER 4 Num	₹:			6 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TIM	E OF	28c. INJ	URY AT	INCHICO	28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Moran, L	Day, Year)	INJ	URY M		RK? YES 2	NO				
	3 Suicide 8 Could not be	28a. PLACE ( building	OF INJURY — At ho	ma, larm, a	rtreet, lact	ory, offic			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	oute Number,
ETE	4 Homicide detarmined											
COMPLETED									to the cause(a) and mar			
8	2 MEDICAL EXAMIN		examination and/or i	rivestigatio	n, In my o	pinion, d			time, data and placa, an			
BE	29b. SIGNATURE AND TITLE OF CERTURA	7 1	10	M. L	9		29c. LICI	ENSE NUN	MBER	29d, DA1	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH (ITE	4 27) (Type	Print)		.,	28		0	94	.5,116
	Edmund J.	MacLa	achlin	4		101	a Si	4 6	andrider.	hol	216	13
	JAN 1 9 1996	32 REGISTR	ARUS SIGNATURE	-								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1 - STATE REGISTRAR		FICATE OF DEATH	MENTAL H	G. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)  CADLEY	T. HALLEY		2. DATE OF D		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SE		) IF UNDER 1 YEAR IF UNDER 24 HRS.	7 a.n.	14 199	BIRTHPLACE (State or Foreign
	705-05-6035 NO	M 2 □ F 89 YRS.	MONTHS DAYS HOURS MIN.	June	Year)	Brunswick
NC	aa. FACILITY NAME (II not institution, give street an Frederick Health	*	96. CITY, TOWN OR LOCATION OF Frederick	DEATH	9c. COUNTY	of DEATH derick
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		TY. TOWN DR LOCATION		IRE	
DIRECTOR	MD Frederi		Brunswick			10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 20 East "D" Stre	20+	101. ZIP CODE 2/7/0	6	10g. CITIZEN	DF WHAT COUNTRY?
NO.	11. MARITAL STATUS 12. W	WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Sp	ecify Yes or No- 14.	RACE - American Indian.
B		ORCES? 1 ☐ YES 2 M ND FYES, GIVE WAR OR DATES	If yes, specify Cuban, Maxing 1 PKS 2 NO Specific		etc.)	Black, Whita, etc. Specify: White
TED	15. OECEDENT'S EDUCATION (Specify only highest grade comple	eted) (Give kind of	S USUAL OCCUPATION I work done during most of working	16b. KING	of Business/INDUST	TRY
COMPLET	Elementary/Secondary (0-12) Coll	ego (1-4 or 5+) Conduc		Hal	ley's Mo	aa ana torcycle S
SON	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	IAME (First, Middle	Maiden Surname)	
BE	Bradley Tylen Ho			2 V. D.		
2	19a. INFORMANT'S NAME (Type/Print) Beulah M. Orndon		IG ADORESS (Street and Number or Aura			,
	20a. METHOD OF DISPOSITION  X Burlel 2 Cremation 3 Removal fr	20b. PLACE AND DATE	E OF DISPOSITION (Name of	OATE OATE	rawick, 1	
	4 Donation 5 Other (Specify)	Union Ce	other place) Emetery	1/17	Lovetta	ville. VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSER	Milliams, Owner	39. NAME AND ROORESS OF 100 Peters	lliams	Funeral	Home Ma
CERTIFICATION	shock, or heert feilure. Liet o  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OUE	DF):	nory T	Distan	interval Betwoonset and De immedia
E 1	d					
A	PART ii. Other significant conditions con	tributing to deeth but not reaulting	in the underlying ceuse given i		WAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILABLE PRIOR TO
A	PART ii. Other aignificant conditions con	tributing to deeth but not reaulting		1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
A	25. WAS CASE REFERREO TO MEDICAL EXAMINER?	stributing to deeth but not resulting	28. PLACE DF DEATH (C	1 Check only one)	PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 1	SPITAL: Inpellent 2 ER/Outpetlent 3 DOA 28s. DATE DF INJURY 28s. TI	28. PLACE DF DEATH (COTHER: 4 A Nursing Home 5 Residence	Check only one)	PERFORMED? YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 ND
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER DF DEATH  1 Netural 5 Pending 2 Accident Investigation	SPITAL: Inperient 2 ER/Outpetlant 3 DOA 28a. DATE DF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At home, farm.	28. PLACE DF DEATH (COMER: 4   Nursing Home 5   Residence Me OF Use. INJURY AT WORK? M 1   YES 2   NO	Check only one)  6 Other (Spe 28d. OESCRIB	PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR	ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 ND
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 O  27. MANNER DF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	SPITAL: Inpetient 2 ER/Outpetient 3 DOA 28a. DATE DF INJURY (Month, Day, Year) 28b. Ti	28. PLACE DF DEATH (COMER: 4   Nursing Home 5   Residence Me OF Use. INJURY AT WORK? M 1   YES 2   NO	Check only one)  a 6 Other (Spe	PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR	ANAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 ND
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER DF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  25. WAS CASE REFERREO TO MEDICAL HOS	SPITAL: Inpatient 2 ER/Outpatient 3 DOA 28a. DATE DF INJURY (Month, Day, Year) 28b. TI (Month, Day, Year) 28a. PLACE OF INJURY — At home, ferm. building, atc. (Specify)	28. PLACE DF DEATH (CONTINENT) 4 A Nursing Home 5 Residence ME OF 28c. INJURY WORK? 1 YES 2 NO , street, fectory, office	Check only one)  6 Other (Spe 28d. OESCRIB  281. LOCATION City or Tou	PERFORMED?  YES 2 NO  City) E HOW INJURY OCCUR  I (Street and Number or Im., State)  and manner as stated.	AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 ND  EO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER DF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  25. WAS CASE REFERREO TO MEDICAL HOS	SPITAL: Inpetient 2 = ER/Outpetient 3 = DOA 28e. DATE DF INJURY (Month, Day, Year) = 28b. Ti (Month, Day, Year) = 18b. Ti (Month, Da	28. PLACE DF DEATH (CONTINENT) 4 A Nursing Home 5 Residence ME OF 28c. INJURY WORK? 1 YES 2 NO , street, fectory, office	28d. OESCRIB  28d. OESCRIB  28d. OESCRIB  28t. LOCATION City or Row	PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR  I (Street and Number or in the state)  and manner as stated.  place, and due to the city	COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND  EO  Rurel Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Pending 1 Accident Investigation 3 Suicide 6 Could not be determined  29a. CETIFIER (Check only One) 2 MEDICAL EXAMINER: On 1	SPITAL: Inpelient 2 ER/Outpetient 3 DOA 28a. DATE DF INJURY (Month, Day, Year)  28a. PLACE OF INJURY— At home, farm, building, atc. (Specify)  To the best of my knowledge, death occur the basic of axamination end/or investigat	28. PLACE DF DEATH (CONTHER:  4 Nursing Home 5 Residence  ME OF JURY AT WORK?  1 YES 2 NO  , street, fectory, office  red at the time, date and place, and do lon, in my opinion, death occured at the long in my opinion, death occured at the long in my opinion.	28d. OESCRIB  28d. OESCRIB  28d. OESCRIB  28t. LOCATION City or Row	PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR  I (Street and Number or in the state)  and manner as stated.  place, and due to the city	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 ND  EO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2  NO  1  1	SPITAL: Inpetient 2 ER/Outpetient 3 DOA 28a. DATE DF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At home, farm. building, stc. (Specify)  To the best of my knowledge, death occur the basic of examination end/or investigat	28. PLACE DF DEATH (COMER: 4   Wursing Home 5   Residence ME OF 28c. INJURY AT WORK? 1   YES 2   NO , street, factory, office  red at the time, date and place, and define, in my opinion, death occured at the come at the co	Check only one)  a 6 Other (Spe 28d. OESCRIB  28t. LOCATION City or Row us to the cause(s) ne time, dete and p	PERFORMED?  YES 2 NO  City)  E HOW INJURY OCCUR  I (Street and Number or in the state)  and manner as stated.  place, and due to the city	AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 ND  Rural Route Number,  Buse(e) and menner as stated  GNEO (Mghth, Day, Year)



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

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BE

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CERTIFICATION

PHYSICIAN: MEDICAL

ВУ

COMPLETED

BE

5

25. WAS CASE REFERRED TO MEDICAL

8 Could not be

60064

1 YES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident

4 Homicide

(Check only one)

3 Sulcide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING	after deat	28 Is m
DAL DR A	AL DIREC	If Item
HOSPIT	FUNER Within 7	RTANT:
THE CH	TO THE	IMPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4: NIP. LAURA LOUISE HAIFLEIGH January 13 1996 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F HOURS 413-09-6369 YRS. 91 Nov. 28. 1904 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Northampton Manor Nursing Home Frederick Frederick 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Walkersville 1 YES 2 NO 10e. STREET AND NUMBER 101 ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 9524 Woodsboro Pike 21793 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TINO IF YES, GIVE WAR OR DATES. 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: White 1 TES 2 NO 3 Widowed 4 Divorced Specific 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8 +) 11 Beautician Cosmetology 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Jerome Dominque Wickless Cora Lee 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald L. Bohn 22161 Pondsville Road Hagerstown, MD 21740 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Re
4 Denation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State Mt. Hope Cemetery 1/17/96 Woodsboro, Maryland 21. SIGNATURE OF FÜNERAL SERVICE (JCENSEI 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A. 1621 Opossumtown Pike Frederick, MD 21702 28. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition BROAST CANCER > 6 mth resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? ORGANIC BRAW SYNDROME 1 TES 2 MMO OF DEATH? 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN

29e. CERTIFIER
10 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

м

29b. SIGNATURE AND TITLE OF CENTINER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2 NO

OTHER:
4/5 Suraing Home 6 - Residence 6 - Other (Specify)

D32171

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

1 Dipetient 2 ER/Outpetient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

PO BUX 328	WALKERSUILLE	21793
REGISTRAR'S SIGNATURE	0	

26. PLACE OF DEATH (Check only one)

26b. TIME OF

28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

in Benchen Radolle

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

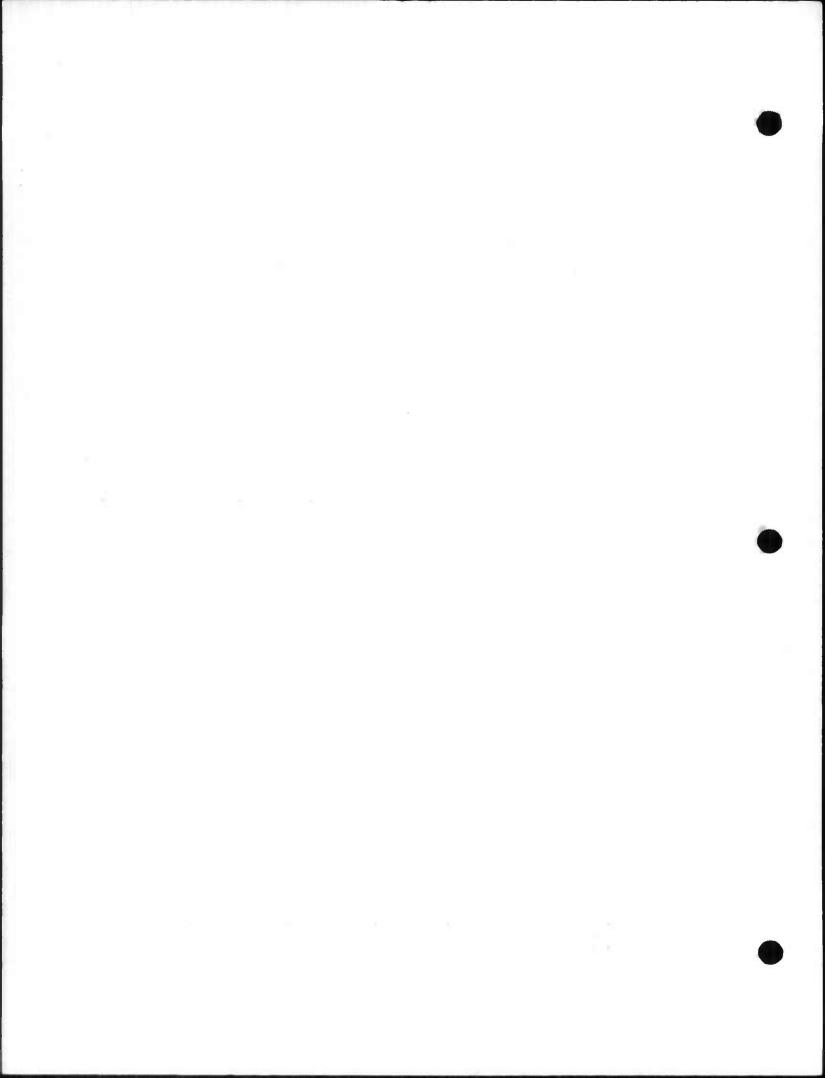
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	4 0000000000000000000000000000000000000	4 4 4									EG. NO.			
	1. DECEDENT'S NAME (First, Mid	ddie, Liist)								2. DATE OF I	DA	W	YEAR	3. TIME OF DEATH
				<u>AMANDA</u>		RING				JANUA	<u>RY 6</u>	, 199	96	4:20 A. M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	HTHE W. Year)		BIRTHP Country)	LACE (State or Foreign
	220-54-3865		1 M 2 X F	86	YRS.	WOM THIS	UNTS	HOUNS	Maria.			R Ng		TSBURG, MD.
	9a. FACILITY NAME (If not institu	ition, give str	eet and number)		9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF DE		
8	ST. CATHER		FM	EMMITSBURG FREDERICK						CK				
DIRECTOR	RESIDENCE OF DECE	DENT				ENTITODORG								
2	10e, STATE 10		Y, TOWN								IOd. INSIDE CITY LIMITS?			
	MARYLAND	ERICK	I EM	MITS	BURG							YES 2 NO		
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH									IAT COUNTRY?				
FUNERAL	51 DEPAUL ST		21727					U. S. A.						
5	11. MARITAL STATUS	RMED	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14.					14. RACE -	- American Indian.					
	11. MARITAL STATUS  1 Never Married 2 Merried FYES, GIVE WAR OR DATES					Y					Black, Specify	White, stc.		
B	3 Widowed 4 Divorced	d						44	,					WHITE
COMPLETED	15, DECEDE (Specify only hig	ENT'S EDUC		16a. I	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	INESS/IN	DUSTRY	
<u>-</u>	Elementary/Secondary (0-12)	1	College (1-4 or 5 +		lfe. Do NOT u	se retired.)	during mo	ASI OF WORKS	'ny					
린	6				HOMEM	AKER					OMN	HOME		
Ď	17. FATHER'S NAME (First, Middle	e, Lest)	-					18. MOT	HER'S NAI	ME (First, Middl	le, Maiden	Sumame)		
BE	GEOR	GE W	<b>IASHINGT</b>	N AND	REW				RO:	SE HA	RBAU	GH		
	19a. INFORMANT'S NAME (Type/	(Print)			19b, MAILING	ADDRES	S (Street s	nd Numbe	r or Rural F	loute Number, (	City or Town	n, State, Zij	p Code)	
임	SHARON KEILH	OLTZ			9604	DRY	BRID	GE R	D., I	EMMITS	BURG	. MD	. 217	27
	200. METHOD OF DISPOSITION		TAMOUNTA	20b. PLAC	E AND DATE	OF DISPOS				DATE			City or Tow	
	1 💢 Buriel 2 □ Cremation 4 □ Donation 5 □ Other (Sp.		val from State	EMMI	TSBUR	G ME	MORI	AL.	1/10	/96	EMM	TTSB	URG.	MD. 21727
i	21. SIGNATURE OF FUNERAL SI	ERVICE LICI	ENSEE	/		_			SS OF FAC					
	> Gen	m	Skill	1			010		0 20 0					AL HOME
	201010	*//-					210	W. M	AIN:	51., E	WMTF	SRUK	G, MU	. 21727
	23. PART i. Enter the disea ahock, or heart	t failure. L	ist only one cau	se on each li	deeth, Do ne.	not enter	the mo	de of dy	ing, auch	n aa cerdiac	or reapl	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final			4	10							Onset and Death		
	disease or condition resulting in death)		Cong	534	NR	He	60	F	21/0	ul				1
ŀ	Endstage Houte Stenasus													
z	Sequentially list conditions				1	,,	2/1	C.	-> / (	no	- C	3		
ĔI	if any, leading to immediat	te	DUE TO	(OR AS A CONS	EOUENCE C	F):								1
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	` 【 ∘	H-1A	PELT	in	510	221							
<u></u>	that initiated events reaulting in death) LAST		I DUE TO	OR AS A CONS	EOUENCE C	F):								
шН	Total and a state of the state	d												-
ا ت ا	PART II. Other aignificent	conditions	contributing to	deeth but no	resulting	in the u	nderiyin	a ceuse	alven in	Part I. 244	. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
8	Chami		1/2 oth	unt	110	0,	010	100	nh	1	PERFOR		1	AVAILABLE PRIOR TO
	- Lux Water		03/10	15 4	0.0	To	CVV	-0-0	100	7-   10	YES 2	X NO		OF DEATH?
Σ	DID TOBACCO	IISE C	ONITRIBLITE	TO CAL	ISE OF		TLI V	ES	1 NO				1	YES 2 NO
A N	25. WAS CASE REFERRED TO M		CITIKIDOIL	IO CA	JUL OI	DLA			,	7				
HYSICIAN:	EXAMINER?	LUIGAL	HOSPITAL:			OTHE	R:			ock only one)				
<u>~</u> ∥	1 YES 2 X NO		1 Inpatient 2 I		28b, TIR		28c. INJ		esidence	6 Other (Sp				
۵ ا	1 Netural 5 Pen	nding	(Month, D	ey, Year)		JURY	WC	PRK?	¬ wo	28d. DESCRI	DE NOW II	NJUNT OC	COMED	
BY	- Lacinorii	stigation	28a PLACE O	F INJURY — At	hama farm				_] NO	201 1 201712			5	
	3 Suicide 8 Cou	uld not be ermined	building,	atc. (Specify)	nome, term,	street, 18C	tory, offic			281. LOCATIO City or To	wn, Stete)	na Numbe	r or Huraf Ho	ute Number,
Ξ,	29a. CERTIFIER													
	(Check only   CERTIFY		IAN: To the best of											
COMPLETED	2 MEDICAL	L EXAMINER	t: On the beels of ex	camination and/o	r investigati	on, in my	opinion, d	leath occu	red at the	time, date end	place, an	d due to ti	he cause(s)	and manner ee stated.
ш	296 SIGNATURE AND TITLE OF	CERTIFIER	7		1	4		29c. LIC	ENSE NUM	IBER		29d. DAT	E SIGNED	Month, Day, Year)
0	Douta:	) (	Ren	ipel-	tu	u	LD	0.	H-4	1403	7	P C	1/0	6/96
=	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAUS	OF DEATH (IT	EM 27) (Type	, Print)	1				/		,,,	4/10
]	BONITA J. KR	EMPEL	-PORTIER	D.O.	310	S. S	ETON	AVE	. EMI	MITSBU	RG.	MD.	21727	
	BONITA J. KR 31. DATE FILED (Month, Day, Year JAN 1	100	32. REGISTRA	R'S GIGNATURE	0	-								
	JAN T :	9 199	1/200	a william	Marda	41								
			_											



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

HAIRSTON

Month

JANUARY

4b. City. Town, or Location of Deeth

13.

1996

4c. County of Death

3. Time of Death

12:30AM

Birthplace (State or Foreign Country)

10d. Inside City Limits

Approximate interval Between Onset and Deeth

3 Probably 4 Unknown

24b. Were autopsy findings aveilable prior to completion of cause of deeth?

81

2□ No

1 XYes 2 □ No

State of	Maryland / Department of Health and M	Mental Hygiene
	Certificate of Death	Reg. No.
dent's Neme (First, Middle, Last)		2 Date of Death

TERRELL.

**Physician** /Medical **Examiner**  1. Dece

ANTHONY

4s. Fecility Neme (If not institution, give street and number)

**Funeral** Director

with the Marylend r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

should be filed within 72 hours after deeth and Mentel Hygiene. end Mentel Hygiene. traumatic event. permit. Peges 1 and 2 st Department of Heelth end Important: If item 27 is in any injury or other traun

altimore. Maryland 21215-0020

Box 68760.

P.O.

Records.

Division of Vital

Attending

Hospital

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**Physician** /Medicai Examiner

2230 VIRGINIA AVENUE LANDOVER PRINCE GEORGES Months Deys Hours Min. 8. Dete of Birth OCTATION, Day Year 25, 5. Sociel Security Number 7. Age (In yrs. last birthday) Months 1**X** M 2□ F 26 69WASHINGTON DC Yrs. 578-82-0090 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location MD PRINCE GEORGES FT. WASHINGTON Director 10e. Street end Number 10f Zin Code 10g. Citizen of What Country? 9209 CONSTANTINE DRIVE 20744 U.S.A. Funeral 11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Nes 2 No if Yes, Give Yeer or Detes 12-28 1 Never Married 2 Merried 1 Yes 2 XNo Specify: BLACK by -28-3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12TH MECHANIC JIFFY LUBE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be ROBERT LEE HAIRSTON THERESA MAE JOHNSON 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROBERT LEE HAIRSTON 9209 CONSTANTINE DR. FT. WASH. MD 20744 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 1-22 20c. Location - City or Town, Stete 1 Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete VETERANS CEMETERY 1996 CHELTENHAM MD 4 Donetion 5 ☐ Other (Specify) TAYLOR'S FUNERAL HOME 1722 NORTH CAPITOL ST., NW WASH. D.C. or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, 23e. Pert1. Enter the diseese, or complications that caused to shock, or heart feilure. List only one cause on each line Immediate Cause (Final diseese or condition resulting in deeth) Examiner sicien and burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disesse or Injury that initiated events resulting In deeth) Last Due to (or es a consequence of) ettending physicien for use es the burie Physician/Medical Due to (or es e consequence of) Perl II. Other significant conditions contributing to death but not resulting in the underlying cause given in Perl I. 23b. Did lobacco use contribute to the cause of death? detached the signed by 200 No 1 Yes þ 2 24a. Was an eutopsy performed? Completed Deen has certificate 25. Wes case referred to medical Be 26. Piece of Death (Check only one) exeminer/ 1X Yes 2 No Hospitel Other: 4 Nursing Home 5 Residence 6 Nother (Specify) ON STREET 2 28e. Dete of Injury
(Month, Dey Year) 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred After 1 Neturel 5 Pending i or Attendin efter death. Director: Aff investigation 330 1 ☐ Yes 2 Accident the 6 ☐ Could not be 3 ☐ Suicide 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide STREET 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the cause(s) and market as stellar 1/5, Modern Examiner: On the bests of exemination end/or investigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) end menner stated. 24 hours 29s. Certified Medical /Check one) of the P 29b. Signato 29c. License number 29d. Dete signed (Month, Day, Year) O.C.M.E. JANUARY 13, 1996 of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Day,

n to an garden manager was in g

tending physician.
9 as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) LESLIE	HILLS	STROM			2. DATE OF DEATH MONTH DA THURKY		16 1:05 A m		
	709-09-3038	1 🕅 M 2 🗆 F 87		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV . 28, 1	908 I	908 ILLINOIS		
FOR	99. FACILITY NAME (If not institution, give NATIONAL LUTI		9		VILLE	ATH	96. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	MD. BAL	TIMORE	10c. CITY, 1	TOWN OR LOCAT			10d. INSIDE CITY LIMITS?  1 XYES 2 NO			
FUNERAL	100. STREET AND NUMBER 508- STILES	AND NUMBER 08- STILES COURT			21085		-	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12	16a. DECEDENT'S US (Give kind of word life. Do NOT use in POLICE	k done during mo etired.)	on st of working	16b. KIND OF BUS		LICE DEPT.			
BE COM	17. FATHER'S NAME (First, Middle, Last) CARL JULIUS	HILLSTROM			18. MOTHER'S NAM SELMA	AE (First, Middle, Malden : NEWBER	Sumeme) G			
TO B	190. INFORMANT'S NAME (Type/Print) REV.DR. RICHAI	REICHARD	19b. MAILING AC 9701	DDRESS (Street e	nd Number or Rural A RS DRIV	E, ROCKV	State, Zip Code	MD. 20850		
	20e. METHOD OF DISPOSITION 1	soval from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	REMATOR	DATE 20c. LOC Y-1/3-AL	EXAND	r Town, State		
10	21. SIGNATURE OF FUNERAL SERVICE	WARLAN		HYS	ONG CO.	,INC. EET,NW,	WASH.	, DC		
	23. PART I. Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Like only one cause on ee	the death. Do not chiline.	enter the mo	de of dying, such	aa cardlec or respli	atory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):							
MEDICAL C	Chronis Obs	na contributing to deeth bu	ot not resulting in the Pull M	the underlying	couse/given in F	Part I. 24s. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	B. PLACE OF DEATH	Check only one)	UNCERTAIN					
IYSIC	1 VES 2X NO 27. MANNER-OF DEATH	HOSPITAL:	tient 3 DOA		5 Residence 6					
ВУ Р	Netural 5 Pending	(Month, Day, Year)	26b, TIME O		RK?	28d. DESCRIBE HOW IN	JURY OCCURE			
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY - building, etc. (Specif	At home, term, stre-	et, factory, office		28t. LOCATION (Street er City or Town, Stete)	nd Number or Ru	ral Route Number,		
COMPLETED		ICIAN: To the best of my knowle						se(e) and manner on stated,		
BE	246 SIGNATURE AND HTLE OF CERTIFIE				29c. LICENSE NUMI			NED (Month, Day, Year)		
임	Danrel 14 T	a lor Mb	TH (ITEM 27) (Type, Pri	) My	Idles	180 k K	1.66	mantoun us		
	31. DATE FILED (Mohth, Day, Year) 1996	32. PEGISTRAR'S SIGNA	TURE					/		

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		Decedent's Name (First, Middla, Last)		Certificate of		Reg.	No.		27
Physi /Med		Robert	A. Hennie	.5	. /!	Data of Death Wonth	Day 10,19	Year 3. T	P.M.
Exam		4a. Facility Name (If not institution, give str	•		4b. City, Town, or Location	n of Death	4c. County o	Death	
· c		PRINCE GEORGE'S HO  5. Social Security Number 6. Sex		hdev) If Under 1 Year	CHEVERLY	at at Blab		GEORGE	
Funera Directo			7. Aga (In yrs. last birth	Months Days	Hours Min. (	Pate of Birth Month, Dey, Ye AR. 10,		9. Birthplace (S Country) MARYLA	ND
death with the Maryland ms 23s or 28s-f show r must be notified at	tor	10a. Stata 10b. County  MARYLAND PRINCE GEO	10c. City, Town  ORGE S HYATTS						ide City Limits Yes 2 No
r 28a	Director	10e. Street and Number	ORGE D HIRITE	10f. Zip Coda		10g.	Citizen of W	hat Country?	
th wit		4022 MADISON STREET		2078	31	UN	ITED S	TATES	
r dea	Funeral	11. Maritai Status 12	. Was Decedant Evar in U,S. Armed Forces?	13. Was Decedent of If Yas, specify Cul	Hispanic Origin? (Specify ban, Mexican, Puerto Rica	Yas or No-		- Amarican Indi	ian,
d 2 should be filled within 72 hours efter death with the Marylan in end Marel Hygiene. The marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examiner must be notified at	þ	1 Never Married 2 X Married 3 Widowed 4 Divorced	1 XYas 2 No 1944- If Yes, Give 1946 Yaar or Dates: 1946	1 □ Yas 2 ☒ No			Specify:	WHITE	Ε
nettu	Completed	15. Decedent's Educat (Specify only highast grade of		Decedent's Usual Occu (Giva kind of work done	during most of working	168	o. Kind of Bus	iness/Industry	
d within giene. r than	dmc	Elementary/Secondary (0-12)	College (1-4or 5+) 3 SE	lifa. DO NOT use retire CURITY GUAL	ŕ	CE	CHETTY	COMPAN	av.
should be filed withind Mentel Hygiene. merked other than	Be Co	17. Fathar's Nama (First, Middle, Last)	) SE	CURITI GUA	18. Mother's Name (Fir.				NI
ould be Mentel arked o	ToB	ALBERT RAYMOND HENN	IIES		MARY ANNA	MURCHAN	T		
12 should h and Man is marke		19a. Informant's Name/Relationship (Type		Mailing Address (Stree	et and Number or Rural Ro	ute Number, C	ity or Town, S	State, Zip Code)	
		HAZEL S. HENNIES, W			STREET, HYA	7		20781	
mit. Pages 1 en pertment of Heel portant: If Item 2 y Injury or other		20a. Method of Disposition 1	nom oto o	Disposition (Neme of cremetory or other pic	aca)		c. Location - C	City or Town, St	ata
permit. Peg Depertment Important: fl eny Injury o		4 □ Donation 5 □ Other (Specify)	FORT L	INCOLN CEME		96 B	RENTWO	OD, MAR	YLAND
permit. Depertm Importation		21. Signatura of Funeral Soffice Licenses	al.	FORT LINCO	ess of Facility OLN FUNERAL	HOME, 1	INC.		
		Susas	Musor	3401 BLAD	ENSBURG RD.,	BRENTV	100D, N		
Db		23a. Part1. Enter the diseasa, or complica shock, or heart failure. List only one	cause in each line.	ot antar tha moda of dy	ing, such as cardiac or ras	piratory arrest		Interv	ximate al Between t and Death
Physician /Medica		Immediate Cause (Finai	1.4.				,		
Examine	r	disease or condition rasulting in death)	steus plantes	Corde V	ment di	use			
D ==	ne.		Due to (or as a c	orisequence or).					
be executed siclen and buriel-transit	Examiner	Sequentially list conditions,	Due to (or as a c	onsequence of):					
clen e	calEx	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury						1	
Ψ ζ Φ		thet Initiated events resulting in death) Last	Due to (or as a co	onsequence of):					
ding Ise es	/Me	d						i	
death certificete t e ettending physic od for use es the b	clar	Dod II. Odban olas Missada assidista assisti	of the contract of the contract of the contract of			ant Didash		10. 0. 0. 0.	
d by the	by Physiclan/Med	Part II. Other significant conditions contril  Shove/IM pr	buting to death but not resulting in	the underlying cause g	rven in Part I.			ribute to the ca	4 Unknow
pear peed shou	Completed b					24a. Was an a performed	utopsy d?	24b. Were aut available completio of death?	prior to on of cause
0 - 6	Eo					1 🗆 Yas	2 No	1 🗆 Yes	2 No
delan: The	Be	25. Wes case referred to medical exemiper?			28. Place of Death (Ch	eck only one)			
Physic this of	10	1 ✓ Yes 2 No Mos	spital: 1 ☐ Inpatient 2 ☐ ER/Out	patient 3LI DOA	ther: 4 Nursing Home				
After t	inol	1 XNetural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year) 28b. Ti	jury Wo		Describe how	injury occurre	d	
9 = 0	ertification:	2 Accident investigation 3 Suicide 6 Could not be	28e. Place of Injury - At home, far		Yes 2 No	ocation (Stree	at and Numbe	r or Aurel Aoute	Number
9 4 9 5	erti	4 Homicide determined	building, etc. (Specify)	in, street, ractory, omce		City or Town, S	itete)	, 0, , 10, 0, , 100, 1	o rvairiour,
Hospita 4 hours Funeral tely fille	edicai C	29a. Certifier 1 Certifying Physici (Check only one) 1 Medical Examiner	lan: To the best of my knowledge, : On the basis of examination and and manner stated.	deeth occurred et the t /or investigation, in my	ime, dete end plece, and c opinion, death occurred at	lue to the caus the time, date	e(s) and men and place, a	ner as steted. nd due to the ca	ause(s)
T C X A	Me	29b. Signature and title of certifier		29c, Licen	se number	29d.	Date signed	(Month, Dey, Y	'ear)
omp of the		Muduat PA	Que m	22	12 20	ta.		10 109	72
To the within 2 To the comple	1	1/100000001.11	THE SERVICE COLL		4.50	/ / / / / / / / / / / / / / / / / / / /		10111	
To th	4	30. Name and/ardrass of garson myo comp	pleted asse of death (Item 23s) (	Type (Mil)	410	(h.)	noy	11/1	9
To the within	4	30. Name and endrass of parson mo comp	plefed forese or cleath (from 23a) (for	Raybun	Ct- Gr Sas	mo	707	48	9

Registrar

JAN 16 1996

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E. N. John M. Warner C. St. Committee Committe

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIF	ICATE OF	DEATH	REG	. NO.		
1	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA	TH	MEAR	3. TIME OF DEATH
ľ	John	Α.	Н	erbert		Januari	4 16.	1996	12:16P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRT	TM	B. BIRTH	HPLACE (State or Foreign
	578 62 8121 1X M 2	∃F 48	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	1947	Wasl	hington D.C.
	9e. FACILITY NAME (If not institution, give street and numb	er)		96. CITY, TOWN	OR LOCATION OF DE	ATH	90	c. COUNTY OF D	PEATH
DIRECTOR	Doctors' Community Hos	pital		Lanhar	n			Prince	George's
EC	10e. STATE 10b. COUNTY		10c. CfT	Y, TOWN OR LOC	ATION			1	10d. INSIDE CITY
E	Maryland Prince Geo	rge's	В	owie					LIMITS? XX YES 2 NO
	100. STREET AND NUMBER			1	OI. ZIP CODE		10	g. CITIZEN OF 1	WHAT COUNTRY?
FUNERAL	8312 Cowan Ave.				20720				STates
5	1 Name Married 2 Naveled FORCES	PEDENT EVER IN U.S. A	ARMED NO		ECENDENT OF HISPAN			No- 14. RACI Blac	E — American Indian, ik, White, etc.
ВУ	3 Widowed 4 Divorced	GIVE WAR OR DATES	No		S 200 Specify		,	Spec	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e.		USUAL OCCUPAT		16b. KIND (	OF BUSINE	SS/INDUSTRY	
Ē	Elementary/Secondary (0-12) College (1-4	or 5+)	life. Do NOT u	work done during i se retired.)	nost of working				
MPL	12		Own	er		Co	nstr	cuction	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, A	Vaiden Surr	name)	
BE	Earl Thomas Herbert				Lula	Clubb			
5	19a. INFORMANT'S NAME (Typo/Print)  Deborah L. Herbert			Cowan A	t end Number or Rural				720
	20a, METNOD OF DISPOSITION	1 200 201 40		OF DISPOSITION		wie Mary		ION — City or To	720
	1  Burlel 2  Cremetion 3  Removal from Str 4  Donation 5 Other (Specify)	cemetery.	crematory or o	ther place) Cre	ematory	1			a Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		\ \	22. NAME	AND ADDRESS OF FA	CILITY			
	Polyet & Com	in t			ct E. Evan				
	23. PART I. Enier the diseasee, or complication	that called the	doub Do		Annapol:				J/15 Approximata
	ehock, or heert fellure. Liet only or	e ceuse on eech II	ne.	not enter the n	rode or dying, suc	ii aa cardiec or	respirate	ory arrest,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	D. Sel	o Ne	Muse	0.0	9 (		7	Onset and Death
	resulting in death)	UE TO (OR AS A CONS	SEQUENCE O	n:	odial	3	سرر	1	
2						J			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	UE TO (OR AS A CONS	SEOUENCE O	F):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initiated events	UE TO (OR AS A CONS	SEQUENCE O	F):					
<b>E</b>	d								
	PART II. Other significent conditions contribut					Part I. 24s. V	WAS AN AUT		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	Mo fenere on	dio Vare	len	dife	ec.		YES 2		COMPLETION OF CAUSE OF DEATN?
MEC									1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	EATH Y	ES NO	☐ UNCERTAI	N 🖸			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA		ACE OF DEA	TH (Check only or OTHER:	ne)				
YSI	1 YES 2 NO 1 Inpatia	nt 2 PER/Outpatlant		4 - Nursing N	ome 5 🗆 Raeldence				
H		ATE OF INJURY lonth, Day, Year)	28b. TII	JURY	NJURY AT WORK?	28d. DESCRIBE	NOW INJU	JRY OCCURED	
BY	2 Accident Investigation				YES 2 NO				
		ACE OF INJURY — AI illding, etc. (Specify)	home, ferm,	street, factory, of	fice	City or Town		Number or Rural	Route Number,
	29a. CERTIFIER								
COMPLETED	(Check only 1 6 CERTIFYING PHYSICIAN: To the								
8	2 MEDICAL EXAMINER: On the beau	ils of exemination end/	or investigati	on, in my opinion	, death occured at the	lime, date end pl	ace, end d	us to the ceuse(	a) end manner ea stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	/	1		29c. LICENSE NU	MBER /	2	ed. DATE SIGNE	(Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WNO COMPLETE	D CAUSE OF DEATH	TEM 270 /5	(Brint)	11176	[ ]		1/1	16/76
	Villamor S. Reyts	S. A.D.	650		lover Re	2 cho	way (	5 00	20789
	31. DATE FILED (Month, 177 8 1996 32 75	GISTRAR'S SIGNATUR	24		,,		-	7	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First,	Middle, Last)	L.		Hill	,				2. DATE O	DE DEATH DA	12.1	YEAR Y	5:15 PM
	4. SOCIAL SECURITY NUMBER		5. SEX		. last birthday)	IF UNDER	YEAR DAYS	IF UNDER	24 HRS.	7. DATE C	P BIRTH Day, Year)	1	Country)	LACE (State or Foreign
	220-88-01		1X M 2 F	18	YRS.	Ob OUTY	TOWN C	OR LOCATION	011 05 05	6/6/	77	1 0 0000		h.,D.C.
E I	Prince Ge		,	. Cen	ter			erly		EATH		P.	TY OF DEA	ATH
ECTOR	RESIDENCE OF DEC	EDENT 10b. COUNT				Y, TOWN O								IOd. INSIDE CITY
5	Md.		P.G.		100. 01	Lanl							1	LIMITS?
RAL	10e. STREET AND NUMBER	1 / D ∞	ightsea	+ D4	# 20	12	101	I. ZIP CODI	706				U.S.	AT COUNTRY?
FUNER	11. MARITAL STATUS	14 DI	12. WAS DECEDER				MS DEC				(Specify Yea			- American Indian,
à l	Never Married 2 3 Divo		FORCES?	YES 2	X NO	10	yes, sp		n, Mexica	ın, Puerto R			Black, Specify:	White, etc.
	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)	16a	. DECEDENT'S (Give kind of	work done o	CUPATIO	ON ost of workin	10	16b.	KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Bus		to	r			Dav	Car	e	
	17. FATHER'S NAME (First, M			-					HER'S NA	ME (First, M	iddle, Maiden Y			
			nkins,	Jr.		310			Dar	Tene	Υ. ]	HITT		
2	Darlene Y		1			ADDRESS					er, City or Tow	n, State, Zip	Code)	1-1
	20a. METHOD OF DISPOSITIVE Burial 2 Cremetic 4 Donation 5 Other		noval from State		CE AND DATE				: 1/	18/9	6 La	cation — (	er, M	n, State d •
	21. SIGNATURE OF FUNERA					22.1	IAME AF	ND ADDRE	ss of FA	CHOD	2. 3.	one	Inc	111
1	Xai	ry ,	n. 3,	ratt			92	5 Bu	rro	ughs	& So Ave	, N .	E.	
HILLEATION	Sequentially liet condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injutted initiated events resulting in death) LAS	diate iNG iry	b	O (OR AS A CON	NSEQUENCE C	PF):								
빙	DAGT II ON TO LOUBLE		d											1
MEDICAL	PART II. Other significe	nt condition	ns contributing to	deeth but n	ot resulting	In the un	derlyin	g ceuse	given In	Part i.	24s. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
ž	DID TOBACCO U	SE CONT	RIBUTE TO CA	AUSE OF D	EATH Y	ES 🔲 1	10 [	JUNG	ERTAI	N E				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINED2	O MEDICAL	HOSPITAL:		PLACE OF DEA	OTHER								
	1 TES 2 NO		1 Inpatient 2		3 DOA	4 🗆 Nuri	Ing Hom	JURY AT	esidenca	6 Other	(Specify)	NJURY OCC	URED	
- 10		Pending Investigation	1-6	96 (bar)	227	PA		YES 2	NO	reh	reule	W-C		in-yester
20 01	3 Suicide 6	Could not be	26e. PLACE foulding	OF INJURY — A	t home, ferm,	atreat, fact	ory, afflic			261. LOCA	TION (Street or Town, State)	and Number	or Rural Ro	ute Number,
		determined	youifn	trothe	Kny	How	44	an M	in	PVII	ru Ge	ovger,	mo	
			ER: On the basis of											and menner as stated.
#	29b. SIGNATURE AND TITLE	OF CERTIFIE	Podinas	mp				29c. LIC	ENSE NUI	MBER 3D	(	29dy DATE	SIGNED (	Month, Day, Year)
٥	Augusto P	Rid	vegae 2	SE OF DEATH	STEM 27 (7)0	Pau	bre	ml	14.	0	Si.	n	1)	win
	31. DATE FILED (Month, Day,	Year) 8 199	5 Jahr	AN'S SIGNATUR	Redel	1		, ,		7	The same			-//

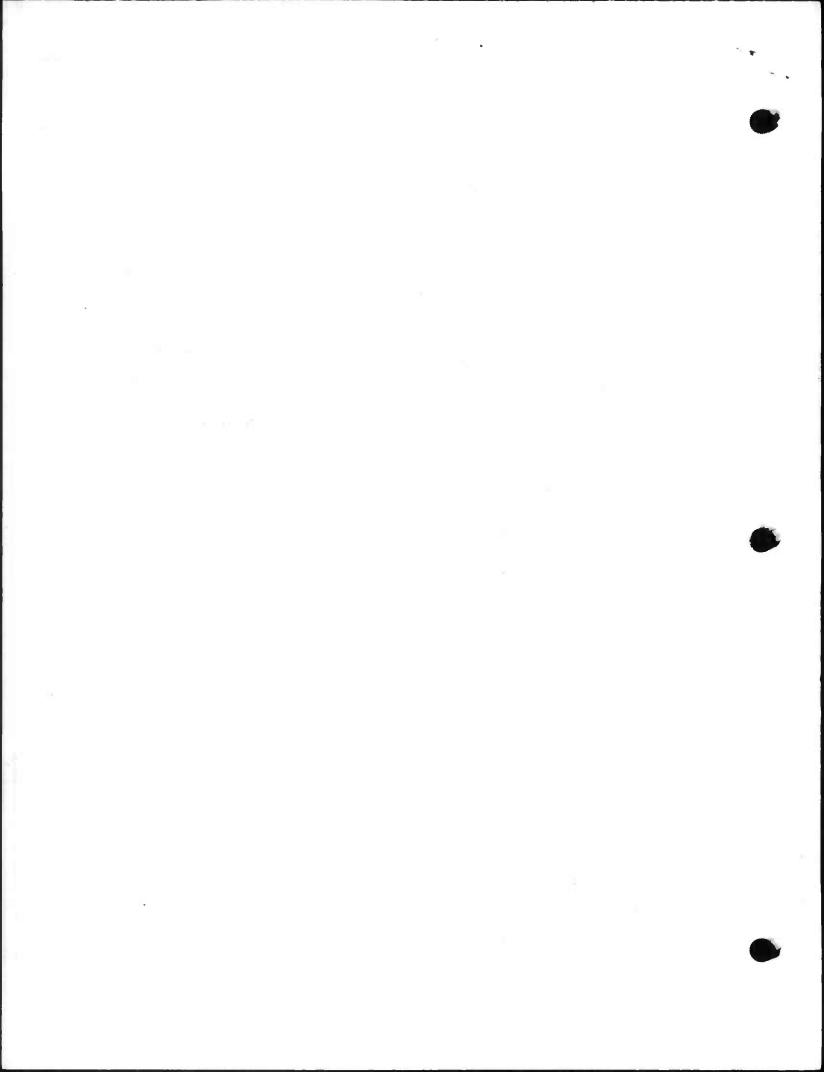
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

. and the same of the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND	MEN	ITAL HYGIEN				
- 5	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF GEATH	AV.	YEAR	3. TIME OF DE	ATH
	ANNIE	Kate		J	OHNS	ON					996	10:17	Ам
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. le:		# UNDER	1 YEAR	IF UNDER 24 HRS.	7. 0	MONTH, Day, Year)		8. BIRTH Countr	IPLACE (State or	Foreign
	153-05-9352	1 M 2 XF	97	YRS.				_	Month, Day, Year) 03/31/1			rylan	đ
œ	9a. FACILITY NAME (If not institution, give a	,	hah		9b. CITY,		r LOCATION OF DI Serlin	EATH			cest		
2	Berlin Nurs	ing & Re	enab.				seriin			WOL	cest	.er	
DIRECTOR	10a. STATE 10b. COUNT	4		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CIT	TY
		Worceste	er		Newa	ark					]	1 YES 2	XNO
₹ I	10e. STREET AND NUMBER					101.	ZIP CODE 21	ΩΛ	1	10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	Langmaid Road										.S. A	4.	
5	11. MARITAL STATUS  1 Never Married 2 Married		YES 2	RMED NO			ENDENT OF HISPAN Icify Cuban, Mexica		RIGIN? (Specify Yas erto Rican, atc.)	or No-	14. RACE Black	— American Inc., White, atc.	dlan,
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	T YES	2X NO Specif	y:			Speci	whit	
	15. OECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	SINESS/IN	DUSTRY	WILL	
ᄪ	Elementery/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT u	vork done d se retired.)	during mos	st of working						
COMPLETED	7		H	omen	akeı	c			Own	Hom	ie		
8	17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Maiden				
R	Charles H. Pe	nnewill							E. But			newill	
임	Peggy Cavalie	ro	- 1						Number, City or Town			11772	
	20a. METHOD OF DISPOSITION	r e	20b.PLACE								City or To		
	1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cometery cre	matory or o	ther place)			- 1	/17 Sa:		-		001
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	isaii	Sour	22.	NAME AN	D ADDRESS OF FA	CILITA	/1/1 Sa.	TISC	ury	, Ma. 21	901
	+ fothing	, I in		4						2			
$\dashv$	23. PART I. Enter the dieeeses, or o	complications that	Caused the de	2 Do I					. 21863		no at	Approxir	n-0.
	shock, or heart failure.	Liet only one ceus	e on each line	9.								Interval I	Between
	IMMEDIATE CAUSE (Finel disesse or condition	ATH	1080	601 57	7/ /	1	Mort	er	with I	1/5	1	1 Cure	
ŀ	resulting in desth)	DUE TO (	OR AS A CONSE	OUENCE O	F):	_/!!	1	20				1000	
z	Constant the tipe and the con-	a CE	LSOCOVA	sau	LAR	A	cuped		-				
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	OUE TO (	OR AS A CONSE	OUENCE O	7):								
5	csuse. Enter UNDERLYING CAUSE (Disesse or Injury	c. OUE TO (	OR AS A CONSE	DUENCE O	٦.								
	that initiated evente resulting in death) LAST				,							j	
		0										1	
Ϋ́	PART II. Other significant condition	s contributing to d	leeth but not i	resulting	n the un	derlying	ceuse givan in	Part	1. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY AVAILABLE PRIOR	TO OT F
ă						_			1 TYES 2	X NO		OF DEATH?	CAUSE
Σ	DID TODA CCO LICE CONT	0101175 70 641										1 - YES 2 2	NO
AN	DID TOBACCO USE CONT	KIBUIE 10 CAL		E OF DEA		_	UNCERTAIL	A L	J				
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 YNO	HOSPITAL:			OTHER	t:		- (7)	20 22				
Ĕ∥	27. MANNER OF OEATH	26e. DATE OF I	NJURY	28b. TIM	E OF	26c. INJL	5 Realdence		Other (Specify) DESCRIBE HOW II	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day	(, Year)	INJ	URY M	1 Y	RK? ES 2 NO						
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho	me, farm, i	dreet, facto	ory, office			LOCATION (Street a	and Number	r or Rumi A	loute Number,	
COMPLETED	4 Homicide determined		te. (apacity)						City or Town, State)				
2	29e. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, de	ath occum	d at the th	me, date	and place, and dua	to the	cause(e) end man	iner as sta	ted.		
S I	one) 2 MEOICAL EXAMINE											) and menner as	stated.
ш	29h MANATHEE AND TITLE OF CERTIFIER	. //					29c. LICENSE NUN	BER		29d. DAT	E SIGNED	(Month Day, Year	,
0	Monune	U - U	9				4625	7			1/1.	5/96	
	30. NAME AND ADDRESS OF PERSON WH	C. Schill School School			,	11171111	E 102	יינו	DI TN M	210	1/1	1	
4	EDWIN CASTANEDA		FRANKLI	N AV	E. S	OLT	E 103	ßEl	RLIN, MD	718	11	N.	
\	JAN 17 1996	32. REGISTRAD	EIGNATURE	C									
	JAN 1 1996	/1	- Punca										



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MA		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH		3. TIME OF DEATH
	Emory Wils	on Jordan		January 12		12:10 A M
	4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign
	217-30-21111 1 XM 2 F	71 YRS.	NTHE DAYS HOURS MIN.	July 6,190	9c, COUNTY OF	irginia
œ	Wilson Health Care Cent		Gaithersburg		Montg	
DIRECTOR	RESIDENCE OF DECEDENT	01	dar oner obar e	>		0023
E I	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY 3F LIMITS?
	Maryland Montgomery		Gaithersburg	3		1- YES 2 NO
34	10e. STREET AND NUMBER		101. ZIP CODE 20877			WHAT COUNTRY?
FUNERAL	301 Russell Ave.					d States
5	1 Never Married 2 Married FORCES? 1	EVER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF HISPAI It yes, specify Cuben, Maxics	HC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No— 14. RA Bi	CE — Americen Indian, ack, White, atc.
B⊀	Midowed 4 Divorced IF YES, GIVE WA	R OR DATES	1 TYES 2 NO Specif	y:	Sp	White
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S USU		16b. KIND OF BUS	INESS/INDUSTRY	
	(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working tired.)			
립	4	Electricia	an & Plumber	Electr	ical &	Plumbing
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden S	Sumame)	
BE	John Will Jordan		Ha	ttie Loved	rove	
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	
F	Ann J. Barnard	28 Ea	ast St., Bennis	ngton, Verm	ont 05	201
	20s, METHOD OF DISPOSITION 1 Description   Method   Bernoval from State	20b. PLACE AND DATE OF D		DATE 20c. LOC	CATION — City or	
	4 Donetion 6 Other (Specify)	Clarksburg	Wethodist 1/1		arksbur	g, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	.1	Olin L. Moles		ral How	e. P.A.
	Clin L. Molesu	inth	26401 Ridge H			
	23. PART I. Enter the disease, or compilections that shock, or heart fallure. List only one caus	caused the death. Do not	enter the mode of dying, suc	h as cardiac or reaple	alory arreat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC				Onast and Death
	disease or condition resulting in death)	205c Enotes	HEart Di	58 a 58		hen
	DUE TO (	OR AS A CONSEQUENCE OF):				1
N N	Sequentially list conditions,	OR AS A CONSEQUENCE OF):				year
Ĭ.			R DISEAGE			1 17
임		DR AS A CONSEQUENCE OF):	M DISEADE	/		moun
CERTIFICATION	resulting in death) LAST					
	0.					
¥	PART II. Other significant conditions contributing to contributing to conditions	leath but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC				1 TYES 2	NO	COMPLETION OF CAUSE DF DEATH?
	DID TORACCO LICE CONTRIBUTE TO CAL	ICE OF DEATH AND	D 110 8 1111057711			1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAU 25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH	,			
2	EXAMINER? HOSPITAL:	q	THER:			
4	27. MANNER OF DEATH 28a. DATE OF I	ER/Outpatient 3 DOA 4  NJURY 28b, TIME 0	Nursing Home 5 Residence F 28c, INJURY AT	a Other (Specify)  28d. DESCRIBE HOW IN	IIIDV OCCUBED	
	1 Netural 5 Pending (Month, Da	(, Year) INJUR		Lad. DEGOTIBE HOW II	JOHN GOOGHED	100
BY	2 Accident Investigation 3 Suicide 6 Could not be	INJURY — At home, farm, etre-		28t. LOCATION (Street e	nd Number or Aur	si Route Number,
回	4 Homicide determined building, e	tc. (Specify)		City or Town, State)		
۳	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of r	ny knowledge death occurred a	of the time date and place, and the	to the cause(s) and man	nor as atalad	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: Of the basis of axi					e(e) end menner ee stated.
	29b, SIGNAPORE AND TITLE OF CERTIFIES	_	29c. LICENSE NU			
H	(for other	_	DZ O	576	b //	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSI	E OF DEATH (ITEM 27) (Type, Pri	(nt)	7	11	5/16
	09410 Old se	rgelon	IN Bell	orde m	120	817
	31. DATE FILED (Month, Day, Year)	Passicar Randall				

4-1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	NEGIS I NAN		CER	HIFIC	AIE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH	AY YI	3. TIME OF DEATH	
		bert	J	acks	on			January 1			ДМ
	4. SOCIAL SECURITY NUMBER 220-09-7332	5. SEX 6.	AGE (In yrs. lest bir		UNDER 1 YEAR	IF UNDER 24 H	RS. 7.	DATE OF BIRTH (Month, Day, Year) eb. 20,		BIRTHPLACE (State or Foreign Country) Maryland	
	Sa. FACILITY NAME (If not institution, give stre	net and number)		91	b. CITY, TOWN	OR LOCATION C			9c. COUNTY		-
R	Frederic	ck Memoria	al Hospi			Freder		•		Frederick	
DIRECTOR	RESIDENCE OF DECEDENT	or remorte	110001	ous		I I CUCI.	ICIE			rederick	_
H	10a. STATE 10b. COUNTY	_	1	Oc. CITY, T	OWN OR LOCA					10d. INSIDE CITY	
	Maryland Fi	rederick			Fred	erick				LIMITS?	
AL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	$\neg$
E	500 North Bentz	Street, A	Apt. 14			21	1701		1	U.S.A.	
FUNERAL		12. WAS DECEDENT E	VER IN U.S. ARMED	0	13. WAS DE	CENDENT OF HI	SPANIC (	ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 []				pecify Cuben, Ma B 2 XNO S		varto Rican, etc.)		Specify: Black	
	3 Widowed 4 Divorced									DIACK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		(Give A	and of work	UAL OCCUPATE	ON ost of working		166. KIND OF BU	SINESS/INDUST	TRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use re	etired.)						
₩	12		Sto	ck C	lerk_			Drug	Store		
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	S NAME (	(First, Middle, Maiden	Surname)		
H	Charles Henry 3	Jackson						ertrude 1			
2	19a. INFORMANT'S NAME (Type/Print)		1					Number, City or Tow			
- 1	Diana E. Jackson		1				reet	, Freder	ick, Mo	d. 21701	
	20a. METHOD OF DISPOSITION 1 D Buriel 2 Cremation 3 Remove	rel from State	20b. PLACE AND cemetery, cremate			ame of		DATE 20c. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)				eterv	Jā	an.	16, 1996	Frede	rick, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	b. 11	1			ND ADDRESS O					
	Kulhaid (	· lasfo	M0002	1				Service			
	23. PART I. Enter the diseases, or co	mplications that ca	used the deeth	. Do not	enter tha me	ode of dying,	such as	ivo Anni cardiac or reapi	refory arrest.	Md 21401 Approximate	$\dashv$
	ahock, or heert failure. Li iMMEDIATE CAUSE (Final	st only one cause	on each line.							interval Batwee	
	disease or condition resulting in death)	- Ac	ITE	ST	nou	E				3day1	
	resulting in death) . a.	DUE TO (OR	AS A CONSEQUE	NCE OF):						30.00	-
z		Hy.	PERTE	NSid	30					20411	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):							$\neg$
2	CAUSE (Disease or injury										- 1
#	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF):							
EH	d.										
	PART II. Other aignificant conditions	contributing to dea	ath but not resu	iting in ti	he underlyin	g ceuse giver	n In Par	t I. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDING	
EDICAL	- PNEU MUN							PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
입	SEPSIS	.,,						1 TYES 2	□ NO	OF DEATH?	H
Σ	DID TOBACCO USE CONTRI	PLITE TO CALIS	E OF DEATH	VEC	Пиог	7 UNICEDI	PAINI F	<u> </u>		1 TES 2 2-HO	j
AN	25. WAS CASE REFERRED TO MEDICAL	BOIL TO CAUS			Check only one		AIIY L				4
S I		HOSPITAL:		01	THER:						$\dashv$
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJ		b. TIME OF		ON 5 Resider		Other (Specify) d. DESCRIBE HOW II	HIEV OCCUP	en .	4
	1 Natural 5 Pending	(Month, Day, Y		INJURY		DRK?		a. DESCRIBE NOW II	NJOHT OCCORE	10	- 1
BY	2 Accident Investigation 3 Suicide 8 Could and be	28e. PLACE OF IN	JURY — At home,	farm, stree			-	LOCATION (Street a	and Number or E	Pural Bouta Mumber	-1
	4 Homicide 8 Could not be	building, etc.	(Specify)		, <b>,,</b>		1 -0	City or Town, State)	ind reamber or re	ioral ricole Number,	- 1
<u> </u>	29a. CERTIFIER		Δ.								-
COMPLET	Check only 1 CERTIFYING PHYSICIA									use(s) end manner as stated.	
႘			menop andor mea	inganon, ir	i my opinion, a	seatti occured at	the time	, data and place, an	d due to the ca	use(s) end manner as stated.	
₩	296. SIGNATURE AND TITLE OF CENTIFIER					29c. LICENSE	NUMBER		29d. DATE SIG	ONED (Month, Day, Year)	$\neg$
စ္	30 NAME AND ADDRESS OF SERSON WITH	- DOCUM				1231	412	-	P 1/	11/96	
	JULIO MEYOCAL, M.	0/1564	OPOSSUr	nto		PILLE	/fr	IEDERI'	u, m	1702.	
	JAN 1 7 1996	32. REGISTRANS	SIGNATURE PA	dally							7

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	
after (	y the	noval
Sin	Ë	r rac
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N	>	din
withir	pletel	Crama
Del	COTT	es
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S	certi	f
PHYS	this	dia.
DING	After	death
E	8	100
E	25	24
0R 4	DIRE	MAIN

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital br attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for-use as the burial-transit permit. Pages 1, 2, 3 should	er death with the State Dept. of Health and Mental Hygiene prior	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF	TO THE FUNERAL DIF	be filed within 72 hours aft	IMPORTANT: If ite

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF M				HEALTH AND	MENTA	L HYGIENI	E		
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF OEATH		3.	TIME OF DEATH
JOHN HENR	Y JON	IES .					Tan	uary	7,19	96	9:00 A M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	: last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
726-05-3598		1 M 2 D F	76	YRS.	MONTHS DAYS	HOURS MIN.	Aug.	14,19			Carolina
4722 Bromle	y Aven				Suit1		PEATH			CE GE	orges
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				10	d. INSIDE CITY
MD	Prince	e Georges		Suit	land					1	LIMITS? YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZE		T COUNTRY?
4722 Broml	ον Δνο	nue				20746			USZ	Δ	
11. MARITAL STATUS	<u>Cy 214C</u>	12. WAS DECEDENT			13. WAS D	ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		4. RACE -	American Indian,
1 Never Married 2 🔀	Control of the Control	FORCES? 1: IF YES, GIVE W				specify Cuban, Mexic ES 2 XNO Speci		Rican, etc.)		Specify:	/hita, etc.
3 Widowed 4 Divo	rced	X 5/5 5					,				White
15. DEC (Specify only	EDENT'S EDU	CATION completed)	164	. DECEDENT'S U	SUAL OCCUPA	TION most of working	16	b. KIND OF BUS	HNESS/INDU	STRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5 +		iffe. Do NOT use	retired.)						
9th				Carpent	er			imeter		truct	ion
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S N.	AME (First,	Middle, Malden	Sumame)		
unavailabl	-					unavai	labl	е			
19a. INFORMANT'S NAME (7	ype/Print)			196. MAILING	ADDRESS (Street	Avenue	Route Nun	nber, City or Town	n, State, Zip C	Zode)	4 0
Vera R. Jon	es			Suitla	nd. M	20746					and the same of
20a. METHOD OF DISPOSIT		oval from State		CE AND DATE OF			DA		CATION - CI	ity or Town	. State
4 Donation 5 Other	(Specify)		Mary	land V	ets. C	emetery	1/1	8 Chel	tenha	m, M	D
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			Mars	hall's Fu	nera	1 Home	. Inc		
1. P. SI	1111	skal	101			Suitland					20746
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	lona, diate ING iry	с.	fus who		:			0-00-			
PART II. Other signification	ent condition							24a. WAS AN PERFOR	MED?	At Ci	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED T				PLACE OF DEATI							
EXAMINER?		HOSPITAL:	ER/Outpetler		OTHER:	ome 5 A Realdence	6 [] Oth	er (Specify)			
27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIME	OF 28c.	INJURY AT	1	SCRIBE HOW I	NJURY OCCL	JRED	
	Pending	(Month, Di	ty, Year)	INJL		WORK?  YES 2 NO					
a Destate	Could not be detarmined	26s. PLACE Of building,	F INJURY — / atc. (Spec/ly)	Al home, farm, at	reat, factory, o	ffice	26f. LO	CATION (Street a y or Town, State)	and Number o	r Rural Rou	te Number,
and any						ate and place, and du					nd manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R				29c. LICENSE NU	JMBER		29d, DATE	SIGNED /M	lonth, Day, Year)
172.	5	lar		mo		01.0	2/5	5		-11-4	
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type.	Print)	1045	56	,		- 1	9
Dr. Sidarou					,	hington	MD	20744			
31. DATE FILED (Month, Day,	Year)	32 REGISTRA			v. was	ining com,	עניי	20144			
JAN 16 199		he d'évolucie		4							

WALLES OF ME STORL

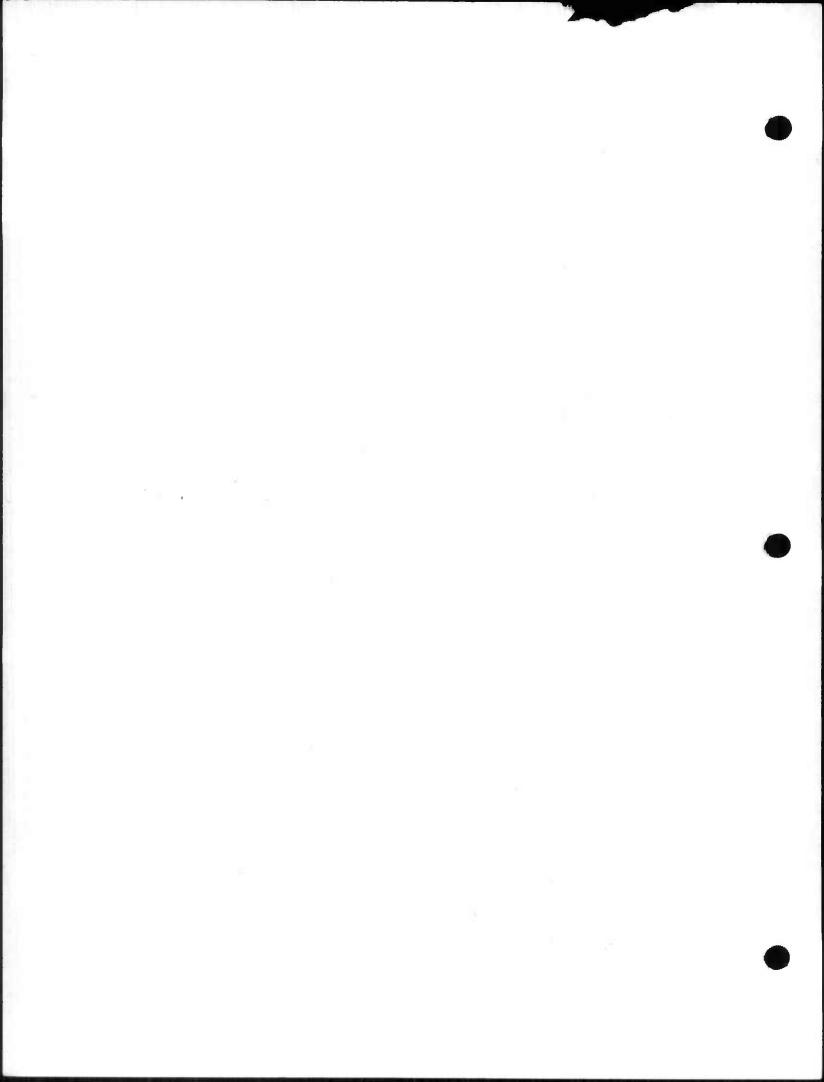
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be disched for use as the burial-transit permit. Pages 1, 2, 3 should be disched for use as the burial-transit permit. Pages 1, 2, 3 should be disched for use as the burial-transit permit.
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	1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)  Joseph Ke	ent, Jr.		2. DATE OF DEATH				
		E (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	215-20-1485 (XC M 2 G F )  9a. FACILITY NAME (If not institution, give street and number)	68 YRS.		11/17/2	1			
e e	96. CTY, TOWN OR LOCATION OF DEATH 412 Liberty Road  96. CTY, TOWN OR LOCATION OF DEATH Federalsburg Caroline							
DIRECTOR	10d. INSIDE CITY							
	Maryland Caroline			ralsburg	1 X YES 2 NO			
RAI	100. STREET AND NUMBER 101. ZIP CODE 1009. CITIZEN OF WIN 412 Liberty Road 21632 United							
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE.—								
BY F	3 Widowed 4 Divorced IF YES, GIVE WAR OR	FORCES? 1 M YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)  IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify						
	15. DECEDENT'S EDUCATION		JSUAL OCCUPATION	16b. KIND OF	BUSINESS/INDUSTRY			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use		II C	Nin Bours Name			
)MP	17. FATHER'S NAME (First, Middle, Lest)	Milita	ry Service	S NAME (First, Middle, Mai	Air Force-Army			
	Joseph Kent	. Sr.		s name (First, Middle, Mai V E • McB1				
TO BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or R					
	Linwood R. Williamson		Reliance R					
ě	1 Deurlai 2 Cremation 3 Removal from State	emetery, crematory or oth		7.	LOCATION — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ALTINGLO	n Natal. Ce	F FACILITY				
exe	Michail 7. Eskow	Framptom-Hawkins-Eskow Funeral Home  PO Por 43 Foderal Shurg MD 21632						
	PO Box 43, Federalsburg, MD 21632  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellure. List only one cause on each line.  Approximate interval Between							
100	IMMEDIATE CAUSE (Final		hal Bleed	ding	Onset and Death  Acute			
Z	- Chronis	C ALCO	HOLISM		chrune			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF	):					
FIC	CAUSE (Disease or injury C.	A CONSEQUENCE OF	*					
ERT	resulting in death) LAST							
AL C	PART II. Other eignificent conditions contributing to deeth	but not reaulting in	the underlying couse giver	n in Part i. 24s. WAS	AN AUTOPSY 24b. WERE AUTOPSY FINDINGS			
MEDIC/	Hypothyroidism				FORMED?  AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
W	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH VE	NOSE UNICER		1 VES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH		AIN LI	17/17			
YSIC	1 YES 2 NO 1 Inpatient 2 ER/O	Ipetient 3 DOA	OTHER: 4  Nursing Home 5 Resider	nca 6 Other (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJUR (Month, Day, Year				W INJURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined	RY — A1 home, farm, at			eet and Number or Rural Route Number, late)			
LET	29a. CERTIFIER							
COMPLETED	(Check only 0 CERTIFYING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the basis of examinate				manner as stated, , and due to the cause(s) and manner as stated,			
H	206. STONATS SEE AND TITLE OF CERTIFIES MIND-L	Desulu	M.F. DIG	NUMBER 4	29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF C	DEATH (ITEM 27) Clype, I	Box 690,	DENTON	1 MD 21629			
	31. DATE FILED (Mopily Cay, Ther) 32. REGISTRAR'S SIG	SNATURE SULLEN-ROSSALL		LIVION	MON AIDA			
	JAN 1 9 1996 Julia Sa	volen-Kardall	<u> </u>					

|--|

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Frances Mar	rie KENNEDY		O/11 - 0.	<u>JEAIII</u>	2. DATE OF DEATH January 19,	1996 YEA	3. TIME OF DEATH 12:40 PM M
}	4. SOCIAL SECURITY NUMBER 5. S 1 = 235-62-1583	SEX 6. AGE (In 81		F UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	June 3, 1914	6, Bi	RTHPLACE (Stote or Foreign
OH	90. FACILITY NAME (If not institution, give street of 3875 Gibbons Road				of Rock		F DEATH Cick	
FUNERAL DIRECTOR	100. STATE 100. COUNTY West Virginia Harriso	ATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS? 1 YES 2 XNO
EHAL	106. STREET AND NUMBER 235 Frank Avenue 2							DF WHAT COUNTRY? S.A.
BY FUN						IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		ACE — American Indian, Hack, White, etc.
(Specify only highest grade completed) (Give kind of work done during most of working					166. KIND OF BUS		γ.	
E COMPLE	17. FATNER'S NAME (First, Middle, Last) Andrew	S'.	TRONT		18. MOTHER'S NAI	ME (First, Middle, Meiden : 18	Surneme) WAL	KER
TO B	190. INFORMANT'S NAME (Type/Print) Tammy Marie Rucker					oute Number, City or Town		
	20e. METNOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of competent) cremetion 5 Other (Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Richard E July M00255  M00255  22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 2170							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							Approximata Interval Between Onset and Death SCUCRIC MOS	
CEMILFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (	CONSEQUENCE OF)	:				
MEDICAL	PART II. Other algnificant conditions co					Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	DID TOBACCO USE CONTRIBUTED TO MEDICAL EXAMINER?		6. PLACE OF DEATH	(Check only one)	UNCERTAIN			
PH	1 US 2 NO t = 27. MANNER OF DEATH	Inpatient 2   ER/Outpate     28e. DATE OF INJURY (Month, Day, Year)	20b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, term, st	reet, tectory, office		281. LOCATION (Street e City or Town, Stete)	and Number or Ru	rel Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: Or	i: To the best of my knowle in the besis of examination						se(e) end manner as stated,
O BE	29b, SIGNATURE AND TITLE OF CERTIFIER	Maain	M.V.		Olde	7 5	29d. DATE SIG	NED (Morth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	righter	Bn	Print) MN SW LC	ok l	My.	2171	5
	31. DATE FILED (Month, Day, Year)  JAN 2 2 1998	32. REGISTRAR'S SIGNA	TURE STEER	Al.				



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within an order of the foath. Page 6 may be retained by the hospital or attending physician.

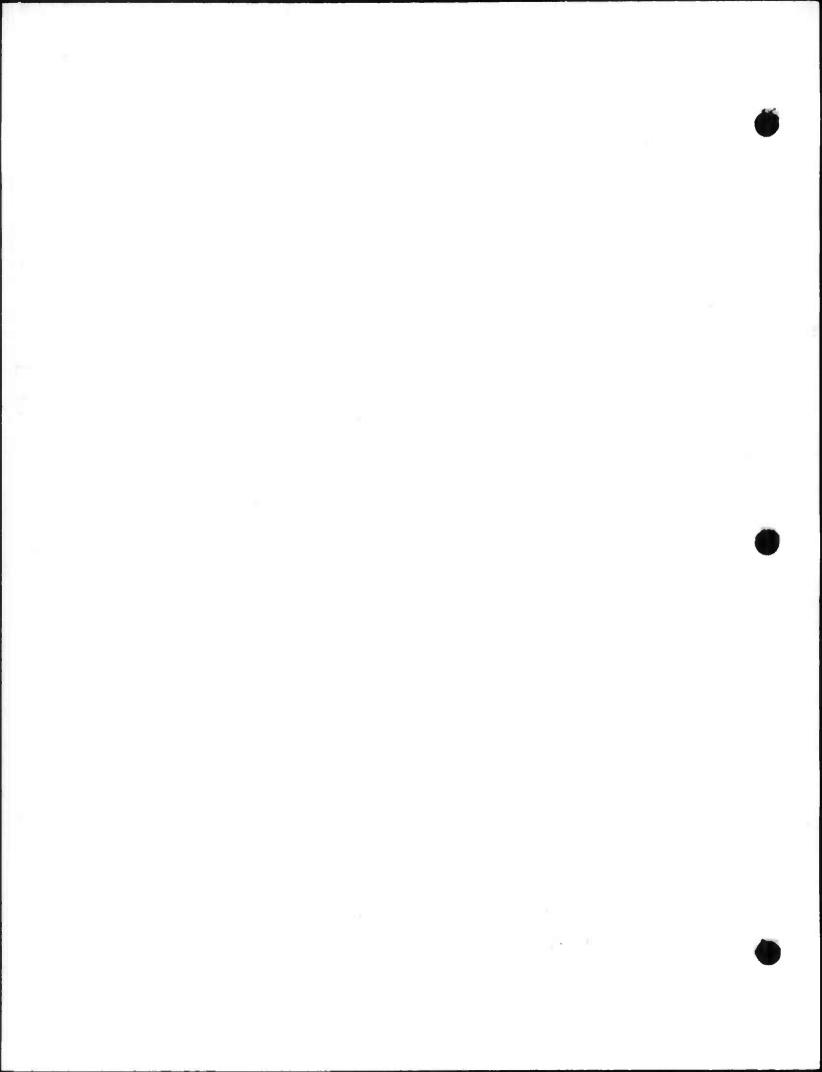
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

	HEGISTHAH			-11111111	CALE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Less Kirilis	)	T/	alonk			2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	1					Januar			3:00 Am	
		5. SEX 6.	AGE (In yrs. les		MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIT (Month, Day,		8, BIRTI Count	HPLACE (State or Foreign try)	
	579-50-6950	91				Mar.18,19			04 Latvia		
· ·	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY				UNTY OF D	DEATH	
DIRECTOR	Frederick Memoria	al Hospital			Frederick Frederick				ick		
입	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER								[	
E I	Md.	rederick			TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	rederick		Middletown  101. ZIP CODE					1 TYES 2XX NO		
FUNERAL	8132B Bolivar						10g. CITIZEN OF WHAT COUNTRY?				
뿐	11. MARITAL STATUS						Latvia				
] F	1 Never Married 2 X Merried	12. WAS DECEDENT E FORCES? 1	YES 2XX	MED	13. WAS DE	CENOENT OF HISP/ pecify Cuban, Mexic	NIC ORIGIN? (Spe an, Puerto Rican,	city Yes or No-	14. RACI	E — American Indian, sk, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	NO Spec	ffy:		Spec	hite	
15. DECEDENT'S EQUICATION 18- DECEDENT'S LISUAL OCCUPATION 45- VIDE OF BURNINGS WITHOUT THE											
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	tve kind of w Do NOT use	ork done during ma retired.)	osl of working	100110110	01 20011200711		4.1	
립	12	Conlege (I-4 til 5 +)	bu	tler			ente	rtainme	nt		
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 24	OTCL		16. MOTHER'S N	AME (First, Middle,				
	Unk	cnown					Kalonka				
뀖	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street	and Number or Rura		or Four State 1	Vin Code)		
임	Hildegard Kalonk	ra l				Rd. Mi				(0	
	20e. METHOD OF DISPOSITION				FDISPOSITION /N			20c. LOCATION -			
- 1	1 Buriel 2 Commation 3 Res	movel from State	cometery, cre	matory or oti	g Crema	tora	1			,	
	21. SIGHATURE OF FUNERAL SERVICE L	CENSEE	CHILL	ISDUL		ND ADDRESS OF F		Smithsb	urg,	MQ.	
1	1 20 CAU	o off				d B. Tho		meral	Home		
Щ	Amiles Ou	07402			31 E.	Main St	. Midd	letown	Md	21.769	
	23. PART I. Enter the diseases, or ahock, or heart fellure	List poly one cause	aused the de	eth. Do no	ot enter the mo	de of dying, su	ch aa cardlac o	r reapiretory a	rreat,	Approximata	
ahock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final									Interval Between Onset and Death		
	disease or condition	AT .	71.10	24.4	10 01	Chaus	to made			35 Pm	
		DUE TO (OF	AS A CONSEC	DUENCE OF		TION				35 ling	
Z	Sequentially list conditions.	b	Com	cu	of Su	struct gimid	Colow	,		344	
CERTIFICATION	If any, leading to immediate	DUE TO (OF	AS A CONSEC	DUENCE OF	):					341	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
Ë	that initiated eventa resulting in death) LAST	DUE TO (OF	AS A CONSEC	DUENCE OF	:						
斯		d,									
	PART II. Other algolificant condition	na contributing to de	ath but not n	eaulting Ir						. WERE AUTOPSY FINDINGS	
					the underlyin	g cause given ir	Part I. 24a. \	WAS AN AUTOPSY	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
2					the underlyin	g cause given ir	,	WAS AN AUTOPSY PERFORMED?	24b		
EDICAL					the underlyin	g cause given in	,		24b	OF DEATH?	
Σ	DID TORACCO LISE CONT						1	PERFORMED?	7 24b	OF DEATH? 1 YES 2 NO	
Σ	DID TOBACCO USE CONT		SE OF DEA	TH YES	S 🗆 NO 🗆		1	PERFORMED?	7 24b		
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TRIBUTE TO CAUS	SE OF DEA	TH YES	NO C	] UNCERTAI	1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	PERFORMED?	24b		
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	SE OF DEA 26. PLAC	TH YES	NO CALLERS NO CONTINUES NO CONT	UNCERTAL  To S   Residence	1	PERFORMED? YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   EF	26. PLAC	TH YES	5 NO C 1 (Check only one) OTHER: 4 Nursing Hon OF 28c. IN.	UNCERTAL  10 5   Residence	1	PERFORMED?			
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1   Inpetient 2   EF	26. PLAC  26. PLAC  VOutpetient 3  URY  rear)	TH YES	OF 28c. IN. RY M 1	UNCERTAL  10 5 Residence  URTY AT  PKS 2 NO	1 Other (Spec 2ad, DESCRIBE	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED	1 YES 2 NO	
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpetient 2   EF	26. PLAC 26. PLAC 27. Outpatient 3 URY rear)	TH YES	OF 28c. IN. RY M 1	UNCERTAL  10 5 Residence  URTY AT  PKS 2 NO	1 Other (Spec 2ad, DESCRIBE	YES 2 NO	CCURED	1 YES 2 NO	
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN (Month, Dey, 1)  28e. PLACE OF IN building, etc.	26. PLAC VOutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3 Voutpetient 3	TH YES	5 NO C 1 (Check only one) OTHER: 4 Nursing Hon OF RY M 1  1  1  1  1  1  1  1  1  1  1  1  1	UNCERTAL  te 5   Residence  URRY AT  SRK?  YES 2   NO	6 Other (Special Describe 28d, Describe 28d, Location City or Your	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED  or or Rural R	1 YES 2 NO	
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  28s. DATE OF IN (Month, Day, 1)  28s. PLACE OF IN building, etc.	26. PLAC 26. PLAC 27Outpetient 3 Unry (ber) LJURY — At hor (Specify) knowledge, de	TH YESE OF DEATH	Teet, tactory, offic	UNCERTAL  THE S PRESIDENCE  URRY AT SPECT OF THE SPECT OF	8 Other (Special Describe 28d. Describe 28d. Location City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED ar or Rural F	1 YES 2 NO	
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN (Month, Dey, 1)  28e. PLACE OF IN building, etc.	26. PLAC 26. PLAC 27Outpetient 3 Unry (ber) LJURY — At hor (Specify) knowledge, de	TH YESE OF DEATH	Teet, tactory, offic	UNCERTAL  THE S PRESIDENCE  URRY AT SPECT OF THE SPECT OF	8 Other (Special Describe 28d. Describe 28d. Location City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	CCURED ar or Rural F	1 YES 2 NO	
E COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN. (Month, Dey, 1)  28e. PLACE OF In. building, etc.	26. PLAC 26. PLAC 27Outpetient 3 Unry (ber) LJURY — At hor (Specify) knowledge, de	TH YESE OF DEATH	Teet, tactory, offic	UNCERTAL  THE S PRESIDENCE  URRY AT SPECT OF THE SPECT OF	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	or or Rural F	1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN. (Month, Dey, 1)  28e. PLACE OF In. building, etc.  SICIAN: To the best of my  ER: On the best of exem	26. PLAC 26. PLAC 26. PLAC WOutpatient 3 URY rear)  URY (specify)  knowledge, dei ination end/or i	TH YES E OF DEATH DOA 28b. TIME INJUING THE ARTHUR STREET THE STRE	A (Check only one) OTHER: 4 (Nursing Hon OF 28c. IN. WY 1  reet, tactory, office f at the time, date	UNCERTAL  TO THE TO THE TENT OF THE TENT O	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	or or Rural F	1 YES 2 NO	
E COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN. (Month, Dey, 1)  28e. PLACE OF In. building, etc.  SICIAN: To the best of my  ER: On the best of exem	26. PLAC 26. PLAC 26. PLAC WOutpatient 3 URY rear)  URY (specify)  knowledge, dei ination end/or i	TH YES E OF DEATH DOA 28b. TIME 1NJU me, term, at ath occurred mvestigation	A (Check only one)  A (Check only one)  A (Check only one)  A (Check only one)  OTHER:  4   Nursing Hon  OF 28c. IN. WY  1   Teet, tactory, office  f at the time, date , in my opinion, of	UNCERTAL  The 5 Residence  TURY AT  TYPES 2 NO  The send place, and du  teeth occured at the  Type Substituting the send place of the send place.	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town be to the cause(e) e time, date end pl	// YES 2 NO  // YE	or or Rural F	1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  26e. DATE OF IND. (Month, Dey.)  28e. PLACE OF IND. building, etc.  SICIAN: To the best of my  ER: On the best of exem  ER  HO COMPLETED CAUSE OF AP T AUS	26. PLAC 26. PLAC 26. PLAC (Outpetient 3 URY ear)  knowledge, dei instion end/or i	TH YES E OF DEATH DOA 28b. TIME 1NJU me, term, at ath occurred mvestigation	A (Check only one)  A (Check only one)  A (Check only one)  A (Check only one)  OTHER:  4   Nursing Hon  OF 28c. IN. WY  1   Teet, tactory, office  f at the time, date , in my opinion, of	UNCERTAL  TO THE TO THE TENT OF THE TENT O	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town be to the cause(e) e time, date end pl	YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	or or Rural F	1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	TRIBUTE TO CAUS  HOSPITAL: 1   Inpetient 2   EF  28e. DATE OF IN. (Month, Dey, 1)  28e. PLACE OF IN building, etc.  SICIAN: To the best of my  ER: On the best of exem  ER  HO COMPLETED CAUSE  A2. REAUSTRAB'S	26. PLAC 26. PLAC 26. PLAC (Outpetient 3 URY ear)  knowledge, dei instion end/or i	TH YESE OF DEATH  DOA  28b. TIME INJUI  me, term, st  sth occurred mvestigation	A (Check only one)  A (Check only one)  A (Check only one)  A (Check only one)  OTHER:  4   Nursing Hon  OF 28c. IN. WY  1   Teet, tactory, office  f at the time, date , in my opinion, of	UNCERTAL  The 5 Residence  TURY AT  TYPES 2 NO  The send place, and du  teeth occured at the  Type Substituting the send place of the send place.	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town be to the cause(e) e time, date end pl	// YES 2 NO  // YE	or or Rural F	1 YES 2 NO	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

	HEGIOTHAN			OLIVIN	IVALI		DEAL	17	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATN
	Edward Alex Ko	cerhan				January 0			January 08	8, 1996 11:30 Am		
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. fast birthday)	IF UNDER		IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		e. BIRTI	IPLACE (State or Foreign
	232-01-2986	1 📉 M 2 🗌 F	8	33 YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 24, 1	912	Penn	
	9a. FACILITY NAME (If not institution, give s						OR LOCATION	N OF DE		9c. COL	INTY OF D	PEATN
8	Villa Rosa Nursing Home					chel	lvill	e		Pri	nce (	George's
ខ្ល	10e. STATE 10b. COUNTY	RESIDENCE OF DECEDENT										
Maryland Prince George's College Park										10d. INSIDE CITY LIMITS?		
							1 🔀 YES 2 🗌 NO					
FUNERAL	5012 Delaware Str		101. ZIP CODE 20740			10g. CITIZEN OF WH			WHAT COUNTRY?			
y		. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED								U.S		
						14. RACI Black	E — American Indian, k, White, etc.					
F YES, GIVE WAR OR DATES 1 YES 2 00 NO Specify: Specify:							White					
요	15. DECEDENT'S EDUC		16	e. DECEDENT'S					16b. KIND OF BU	SINESS/IN	DUSTRY	***************************************
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	,	(Give kind of a life. Do NOT us	work done se retired.)	during m	ost of working		Contracts.			
린	6			Machin	ist				Navy Ya	ard		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	E (First, Middle, Maiden	Surname)		
BE	John Kocerhan						Sus	anna	a Willis			
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRES	S (Street	and Number o	r Rural Ad	oute Number, City or Tow	n, State, Zi	p Code)	
- 1	Helen Kocerhan			5012 D	e1aw	are	Stree	et, (	College Pa	ark,	Mary	land 20740
Helen Kocerhan  5012 Delaware Street, College Park, Maryland 2074  20a. METNOD OF DISPOSITION  20b. PLACE AND DATE   20c. LOCATION - City or Town, State							own, State					
ļ	1 Desired 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify)  MD Nat 1. Mem. Park  01/16/96 Laurel, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AODRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.											
	W. K.	0.10			47	39	Baltin	nore	Ave. Hv	atter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e, MD 20781
	23. PART I. Enter the diseases, or o	complications that	t caused th	e death. Do r								Approximata
	anock, or heart tallure.	List only ona cau	se on each	Ilna.					A TAMEN OF			Interval Between Onset and Death
disease or condition							Carrotte and Mar					
	resulting in death)	OUE TO	OR AS A CO	MISEQUENCE OF	n:	1001						onewerk
z		Pr	eun	rohis	2							13 Wacks
HIFICALION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	INSEQUENCE OF	P):							
5	CAUSE (Disease or Injury											n e
=	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CO	INSEQUENCE OF	91							
	Total Mind and Mind a											1
	PART II. Other algnificant conditions	a contributing to	daath but	not resulting i	n tha un	nderlylr	ng cause giv	ven in P	Part I. 24s, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL									PERFOR	IMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ш									1 YES 2	× NO		OF DEATH?
Σ	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF I	DEATH YE	s $\square$ .	NO F	UNCE	IAIATQ	X			1 TYES 2 X NO
CAN	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEAT				KIMIN	4			
ח וו	EXAMINER?	HOSPITAL:			QTHE	₹:		dence *	Other (Specify)			
Ē	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. TIM	E OF	28c. IN.	JURY AT	_	28d. DESCRIBE HOW I	NJURY OC	CUREO	
- 1	1 Natural 5 Pending investigation	(Month, Di	sy, Year)	INJ	URY M	1 [	VES 2	NO				
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY —	At home, ferm, s	treet, fact	lory, offic	ca	_	28f. LOCATION (Street of	and Numbe	r or Rural F	Poute Number,
COMPLEIED	4 Homicide determined	bullding,	atc. (Specify)						City or Town, State)			
ן ל	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledg	e death occum	el at the t	ima date	a and place a	and drive to	o the cause(s) and mar			
2	(Check only one) 2 MEDICAL EXAMINE											) and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LICEN					
H H	Was	mi HD					29C. LICEN	SE NUME	201°	29d. DAT	CALLAGO	(Month, Day, Year)
2 ∦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH	(ITEM 27) (Type	Print)		1	100	) 5	1		197,16
	MOBARAK KAR	IM 76	10 CA	-RROLL		旧	VUE,	7A	KOMA P	ARK	SHI	ARYLAND
	JAN 16 1996	Sala a	R'S SIGNATU	Ruchel								

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THE HOSETML OR ATTENDING PHYSICIAN THE LIFE requires that the death certificate be executed with the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FINETAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be min 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, If Imm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMOKE, MARYLAND 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) GLENN Adolph KOH	LMEIER				2. DATE OF DEATH January 6	, 1995°	3. TIME OF DEATH 12:25 AM M		
	The state of the s	ПизПв		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)		
	9a. FACILITY NAME (If not institution, give street			CITY, TOWN C	R LOCATION OF DE	OCT. 24, 1931 WISCONSIN  eath 9c. County of Death				
DIRECTOR	DOCTOR'S COMMUNITY	HOSPITAL	HOSPITAL LANHAM				PRINCE GEORGE'S			
DIRE	MARYLAND PRINCE	GEORGE'S	LANHA	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 7 NO		
AL	10e. STREET AND NUMBER			101	ZIP CODE		OF WHAT COUNTRY?			
10e. STREET AND NUMBER  6711 VANESSA DRIVE  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN 14. Proper Married 15. Was DECENOENT OF HISPANIC ORIGIN 17. Proper Married 18. Yes 2 No 17. Was DECENOENT OF HISPANIC ORIGIN 19. STREET AND NUMBER  101. ZIP CODE 101. ZIP CODE 103. WAS DECENOENT OF HISPANIC ORIGIN 19. STREET AND NUMBER  101. ZIP CODE 103. WAS DECENOENT OF HISPANIC ORIGIN 19. STREET AND NUMBER  102. ZIP CODE 19. STREET AND NUMBER 103. ZIP CODE 19. STREET AND NUMBER 104. ZIP CODE 19. STREET AND NUMBER 105. ZIP CODE 19. STREET AND NUMBER 105. ZIP CODE 19. STREET AND NUMBER 106. ZIP CODE 19. STREET AND NUMBER 106. ZIP CODE 19. STREET AND NUMBER 107. ZIP CODE 19. STREET AND NUMBER 108. ZIP CODE 19. STREET AND NUMBER 19. STREET AND NUMB							UNITE	D STATES		
BY FUI	11. MARITAL STATUS	WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR OA	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	s or No— 14. RACE — American Indian, Black, White, stc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. DECEDENT'S USL (Give kind of work	done during mo		16b. KIND OF BUS	SINESS/INDUSTR			
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	ife. Do NOT use re			CONSTRUC	OTTON T	NDUCTDY		
NO N	17. FATNER'S NAME (First, Middle, Last)		SEET-ERI I	JOIED	16. MOTNER'S NA	ME (First, Middle, Maiden		NDUSTRI		
BE C	HARVEY KOHLMEIER					(UNKNOWN)		IER		
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street e		Route Number, City or Tow				
F	BERNICE KOHLMEIER		6711 VA	ANESSA	DRIVE, I	ANHAM, MAI	RYLAND	20706		
20a. METNOD OF DISPOSITION  1 X Burlet 2 Cremetion 3 Removal trom State 4 Donestion 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place)  FORT TINCOLD CEMETERY 1/11/06  REPORT OF THE COMMETTERY 1/11										
	21. SIGNATURE OF FUNERAL SERVICE AICENSEE  22. NAME AND ADDRESS OF FACILITY									
	Sisa S.	Durse	W	3401 H	BLADENSBU	FUNERAL HON IRG RD., BI	RENTWOO	D, MD 20722		
1	23. PART I. Enter the disesses, or con- shock, or heart fellure. List	plications that caused only one cause on ea	the desth. Do not each line.	enter the mo	de of dying, suci	h ss cerdlec or respi	iratory arrest,	Approximate interval Batween		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	EARDIO	GENIC	51.	tock	PULM	MARY	Onset and Death  8 HOURS		
_		DUE TO (OR AS A	CONSEQUENCE OF):	2510	N/ SE	PSIS	•			
OT.	Sequentially list conditions, if any, leading to immediate	DUE TO OR AR A	COMPEQUENCE OF				2-			
S	cause. Enter UNDERLYING CAUSE (Disease or injury					FAILU		2 DAYS		
CERTIFICATION	that initiated eventa resulting in deeth) LAST	HEA	NT BL	OCIC	PERI	MANENT	PACEN	1AKA 2 DAYS		
AL C	PART II. Other aignificant conditions co	ontributing to death be	ut not resulting in t	he underlying	cause given in	Pert i, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINOINGS		
	DL) MI	20CANDU	7c /2/	-ma	Tron	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME								1 TYES 2 NO		
AN	DID TOBACCO USE CONTRIB		F DEATH YES  26. PLACE OF DEATH (		UNCERTAIN	A M				
PHYSICIAN: MEDIC		OSPITAL:	0	THER:	- 0 - 22					
H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D .		
ВУ Р	t Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1	RK? /ES 2 NO					
	3 Suictde 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	nt, tectory, offic		261, LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,		
COMPLET	29a. CERTIFIER (Check only one)  1 X CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: O							use(s) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sneo no	ATTE	D1~4	D 20	ABER 7 5 7	29d, DATE SIG	INED (Month, Day, Year)		
2		1 10	ATN (ITEM 27) (Type, Pris	Luce	no. L.	ANHAM	MI	6 96 ) · 20706		
	31. DATE FILED (Month, Day, Year) 1996 JAN 16	32. JESISTRAS SIGN	ATURE							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	_	-	

J. BERGER MD
31. DATE FILEO (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR Certif					MENTA	L HYGIEN REG. NO	_	, ,	
ì	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	CLARK		1	KNI	GH	T		MONT	OF DEATH D		YEAR	1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-16-6329	5. SEX	6. AGE (In yr	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH th, Day, Year)		8. BIRTNP Country)	
TOR	PRINCE GEORGE'S H				9b. CITY, TOWN OR LOCATION OF DEATH CHEVERLY			ATN	PRINCE GO				
DIRECTOR	10a. STATE 10b. COUNTY	E GEORGE	i's		TY, TOWH OR LOCATION TTAGE CITY							10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 4109 COTTAGE TERR				10f, ZIP CODE 20722				10g. CITIZEN OF WHAT COUNTED STAT				
BY	11. MARITAL STATUS 1 Never Married 2 XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF It yes, specify Cuber 1 YES 2 NO				OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE - Black,				– American Indian, Whita, atc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
NO.	17. FATHER'S NAME (First, Middle, Last)	fere					18. MOT	HER'S NA		Middle, Maiden			
	CECIL KNIGHT						MIN	NIE	(UN	KNOWN)	KNTG	нт	
BE (	19a. INFORMANT'S NAME (Type/Print)		-	196. MAILING	ADDRESS	S (Street a			_				
10	PATRICIA LICKLIDE	3. 13 . 151 M. Marcel, Colline S Cill, Marcelling 207											
	208. METHOO OF DISPOSITION  1 X Burisi 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetary,												
	22. NAME AND ADDRESS OF FACILITY FORT LINCOLN FUNERAL HOME, INC. 3401 BLADENSBURG RD., BRENTWOOD, MD 2072							MD 20722					
	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications the List only one can . MYDC	use on each	iine.	not enter	the mo	de of dy	ing, suc	h as car	rdiac or reap			Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO		SI ON NSEQUENCE O									yrs
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	a contributing to	death but i	not resulting	in the ur	nderlyin	g cause	given in	Part i.	24s. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥ .:	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF I	DEATH Y	ES 🔲 I	NO N	UNC	ERTAII	N D				1 YES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL			PLACE OF OEA									
SIC	EXAMINER?	HOSPITAL:	ER/Outpatle	nt 3 🗆 DOA	OTHER 4 Nur		10 5 🗆 R	esidenca	6 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH  1 X Natural 5 Pending	28e. OATE OI (Month, I		28b. TIN	IE OF JURY M	2000	URY AT ORK? YES 2 [	∃ NO	28d. O	SCRIBE HOW	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide datermined	26a. PLACE ( building	OF INJURY — , atc. (Specify)	At home, farm,	street, fact	tory, offic			26t. LO	CATION (Street y or Town, State)	and Number	or Rural Ro	oute Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE												and menner as stated.
TO BE C	Serger MO							ENSE NUI					Month, Day, Year)
ĭ	30. NAME AND ADDRESS OF PERSON WHI	#205	SE OF DEATH	20 U	O. Print)	2NC	NI	Tre,	Be	Thesd	2,1	nd	20814

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	SPITAL

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 72, MARTHA ELIZABETH KARSEBOOM 1998 6:10pm. 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH (Month, Day, Yea DAYS 1 M 2 F 254 18 0411 77 Oct. 5, Georgia 1918 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DUCTURS COMMUNITY LANHAM - SEABROOK PRINCE GEORGE'S CO HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Prince George's Bowie XX YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 11005 Atwell Ave. 20720 United States 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. BY 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or S+) Broker Real Estate once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) notified at Edwin Hart Mattie Newsome 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 George P. Karseboom Jr. 11005 Atwell Ave. Bowie Maryland 20720 94 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Burial 2 Cremation 3 Removal from State
4 Donation S Other (Specify) funeral director. Maryland Veterans Cemetery 1/23/96 Cheltenham Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Evans Funeral Home, P.A. oven 16000 Annapolis Rd. Bowie Md. 20715 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, in by ahock, or heart failura. Liet only one cause on each lina. Interval Between 5 filled IMMEDIATE CAUSE (Finel **Onset and Daath** the cremation. disease or condition\_\_\_ event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) n and con to burial. traumatic CERTIFICATION 100 Sequentially list conditions, if any, leading to immediate E TO (OR AS A CONSEQUENCE OF): attending physician mal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury luna or other (OR AS A CONSEQUENCE OF) thet initiated avents resulting in death) LAST Injury, Mer PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS and of AMILABLE PRIOR TO апу COMPLETION OF CAUSE signed Health a 1 TES 2 NO t. of Heak 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN IN Dept. PHYSICIAN: 2S. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate In the State It, or Item HOSPITAL: OTHER:
4 | Nursing Home | S | Rasidence | 8 | Other (Specify) 1 TYES 2 NO Inpatiant 2 - ER/Outpatient 3 - DOA 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED with t 28b. TIME OF INJURY 28c. INJURY AT WORK? Is marked, Natural 5 Pending 1 YES 2 NO BY After Investigation 2 Accident 28s. PLACE OF INJURY — At home, 1erm, street, 1sctory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be determined DIRECTOR: A hours after d item 28 Is COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I within 72 h 2 MECICAL EXAMINER: On the pasts of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year 8 물 물 를 D46260 · M.D Danung 13, 1996 0 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6188 OXON MILL Rd. OXONHILL, MI M. SAEED KOOLAEE, MD. 31. DATE FILED (Month, Day, N 32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ter the second

TO BE COMPLETED BY FUNERAL DIRECTOR

ITHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witum 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
,(	)	)	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
James P. Kenne	dy				Jan. 7,	1996	10:32 PM M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPLACE (State or Foreign
578 42 7212 9a. FACILITY NAME (If not institution, give	1 M 2 □ F 62	YRS.	NTHS DAYS	HOURS MIN.	April 6,		Washington D.C
Prince George's	MII		Cheve				ce George's
10e. STATE 10b. COUNT		10c. CITY, T	OWH OR LOCAT	ON			10d. INSIDE CITY
Maryland Prin	Prince George's Bowie					LIMITS? YES 2 NO	
12662 Heming La	ne		101.	ZIP CODE 207	116		en of what country?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II.C. ADMCD	T 40 HM 0 DE0				
1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spe	city Cuban, Maxica	IIC ORIGIN? (Specify Y	es or No-	14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	1951-1959	TES	1 TYES	2X NO Specif			Specify:
15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF B	USINESS/INDU	White USTRY
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos stired.)	st of working	Metropo	olitan	
, (0.12)	4	Detecti	ve		Police		
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maide		
James J. Kennedy				Margar	et Bane		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or 16	own, State, Zip	Code)
Michael J. Kenn	edy	16101	Amethys	t Lane	Bowie Mar	vland	20716
20a. METNOD OF DISPOSITION	20b.	PLACE AND DATE OF D	DISPOSITION (Na	med Cemet	OTTRATE 20c. I	OCATION — C	Ity or Town, State
20a. METNOD OF DISPOSITION  1 N Burlai 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery Pate Cemetery, crematory or other piece)  Gate of Heaven 1/12/96  Silver Spring Maryland							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
* Robert E.	Chans to	hes.			ns Funera is Rd. Bo		
	IMMEDIATE CAUSE (Final disease or condition						Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	CONSEQUENCE OF):					dylans
PART II. Other significant condition	ons contributing to death bu	it not resulting in t	tha underlying	cause given in	Part i. 24s. WAS /	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Diabotes		_			1 🗆 YES	~/	COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CON	TRIBUTE TO CAUSE OF	F DEATH YES	□ но р	UNCERTAI	N D		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)				
EXAMINER?	HOSPITAL:	etlant 3 DOA 4	THER:	s 5 □ Residence	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	OF 28c, INJ	URY AT	26d. DESCRIBE NOV	V INJURY OCC	URED
1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? 'ES 2 NO			
Accident Investigation  3 Suicide S Could not be	26s. PLACE OF INJURY	- At home, farm, stre	et, factory, office		261, LOCATION (Street	et and Number	or Rural Route Number,
4 Homicide 8 Could not be determined	building, atc. (Speci	ify)			City or Town, Sta		
000)	SICIAN: To the best of my knowle						od.
29b. SIGNATURE AND TITLE OF CERTIFI		1 /		29c. LICENSE NU			SIGNED (Month, Day, Year)
signine U.	elly tot	togen	M	10597 G	7	1-1-	-16-76
30. NAME AND ADDRESS OF PERSON W	M. D. 84	O CO CO	wille	Rd. S	Silver S	prina	md.
31. DATE FILED (Month, Dat 1997)	32. PEGISTRAT'S SIGN						

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATN

REG. NO.

2. DATE OF DEATH

FOR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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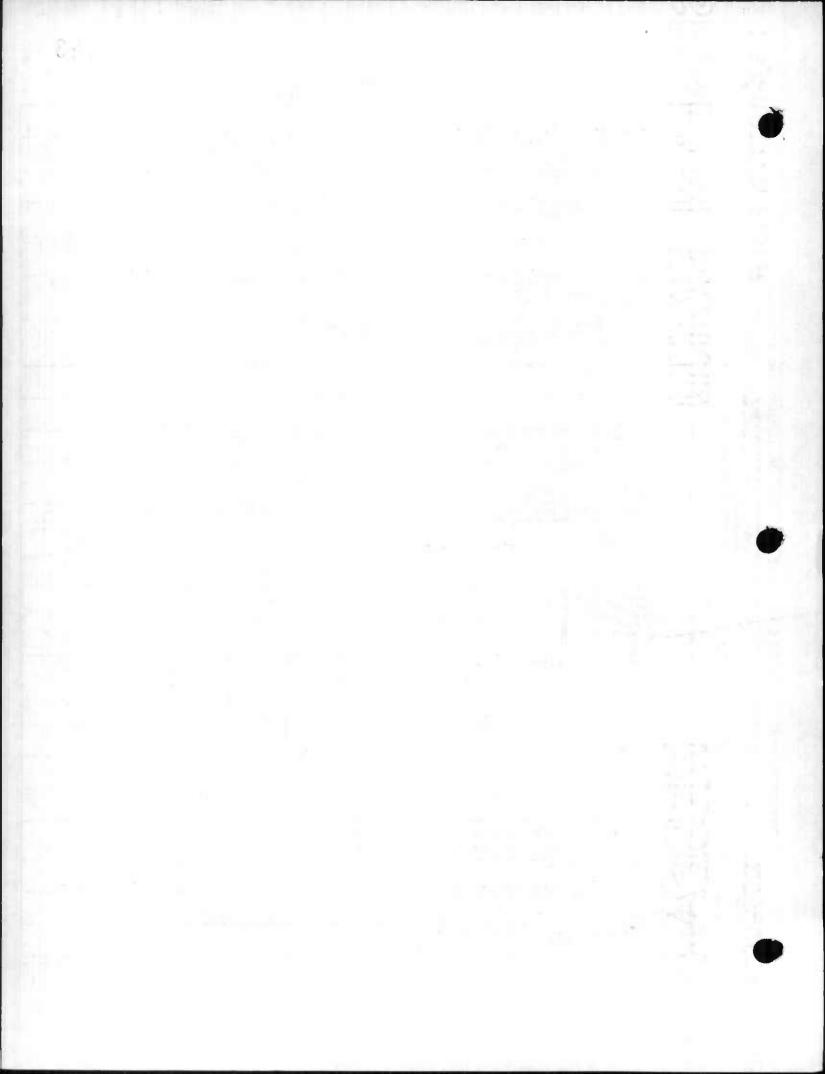
YEAR Rosemary (NMI) Klinger January 6, 1996 Ам 8:55 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Feb. 20, 1932 214-28-9689 63 YRS. Maryland permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 4906 43rd Avenue DIRECTOR Hyattsville Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Hyattsville 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4906 43rd Avenue 20781 burial-transit U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 X NO Specify Specify B 3 Widowed 4 Divorced page 5 should be detached for use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Crossing Guard County Government 12 once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Oscar Taylor notified at Fadie Vaughn Taylor 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 19a. INFORMANT'S NAME (Type/Print) Raymond F. Klinger 4906 43rd Avenue, Hyattsville, MD 20781 20a. METNOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of 1/15/96 ATE 20c. LOCATION - City or Town, State must Burial 2 Cremation 3 Removal from State funeral director, Donation 5 - Other (Specify) Adelphi, Maryland George Washington Cemetery examiner 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. GNATURE OF FUN 4739 Baltimore Ave. Hyattsville, MD 20781 the f removal. medicai Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the disease filled in by ea, or complications that co sed th ehock, or heart fellure. Liet only one cause on each line. Interval Between ŏ Onset and Death IMMEDIATE CAUSE (Fine) cremation, the disease or condition Metastatic Breast Cancer completely event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) bunal, Rheumatoid Arthritis traumatic CERTIFICATION and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF 2 if any, leading to immediate cause. Enter UNDERLYING attending physician prior CAUSE (Disease or injury that initiated eventa other Hygiene DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 signed by the atter Health and Mental in ury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? MEDICAL AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 X NO Shows 1 TYES 2 X NO has been 0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🖾 UNCERTAIN 🗆 PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem State HOSPITAL certificate OTHER: 1 TYES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 🗌 Nursing Nome 5 💢 Residence 8 🗆 Other (Specify) the 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, HIM. this 1 X Natural 5 Pending Investigation 1 YES 2 NO After the BY 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 8 Could not be COMPLETED DIRECTOR: hours after after 28 i 4 Homicide determined item 8 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. THE FUNERAL DE FILE FUNERAL DE FILE WITHIN 72 h HOSPITAL 2 \_\_ MEDICAL EXAMINER: On thy basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M D07944 01/09/1996 OFF PERSON NÃO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Seth Lourie 7500 Hanover Parkway #102 Greenbelt, MD 20772 REGIST AR'S SIGNATUR DHMH-16 Rev 1/89

that we start the same start

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, La	<sup>st)</sup> = 11 - 4 = 0			2. DATE OF DEATH	414	3. TIME OF DEATN		
NINA	NINA Miller ANTZ			Jan. 19,	1996 "	12:30 A.		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	0.0	BIRTHPLACE (State or Foreign		
214-10-2323	1 - M 2 - F	36 YRS.	MONTHS DAYS HOURS MIN.	Mar. 14,		ountry)  1d.		
9e. FACILITY NAME (If not institution, gh	- 4	50	9b. CITY, TOWN OR LOCATION OF					
				DEATH	9c. COUNTY OF DEATN			
3922 Washington	St.		Kensington		Mont	gomery		
3922 Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY		
Md.	Montgome	oru V	ensington		L			
			101, ZIP CODE		Tan- OFFIRE	1 X YES 2 NO		
					10g. CITIZEN OF WHAT COUN			
3922 washington	3922 Washington St.		20895		U.S.A.			
11. MARITAL STATUS  1 Never Married 2 Married	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  1 Neuro Marriad  1 Neuro Marriad  1 Neuro Marriad  1 Neuro Marriad		13. WAS DECENDENT OF NISPANIC ORIGIN? (Sp If yes, specify Cuban, Mexican, Puerto Rican,					
3X Widowed 4 Divorced	IF YES, OIVE WAR		1 TYES 2 XNO Spe		With te			
			1			WILLCC		
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)		USUAL OCCUPATION ork done during most of working	16b. KIND OF BU	SINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)					
	4	accoun	tant	federal	govern	ment		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S I	IAME (First, Middle, Melden	Surname)			
	iller		Ressia	Sigler				
19a INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street end Number or Run		n. Stata. Zip Cod	(e)		
Joan E. Lufkin			fkin Dr., Will:			,		
20e. METHOD OF DISPOSITION		20b. PLACE AND DATE O		DATE 20c. LO				
1X Burial 2 ☐ Cremetion 3 ☐ R	emoval from State	Cometery cremetory or off						
4 ☐ Donation B ☐ Other (Specify) _	Corner	Uniton Cem		1/23 Bur	KILLSVI	lile, Ma.		
21. SIGNAL DRY OF FUNERAL SERVICE	LICENSEE		Donald B. The	Moson Films	ral Hon	10		
(rugos)	10719XI			Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769				
23. PART I. Enter the diseases,	or complications that or	wood the death. Do a						
						1 grs		
# any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
	lons contributing to de-	eth but not resulting in	the underlying cause given	n Part I. 24a, WAS AN	AUTOBOV	24b. WERE AUTOPSY FINDINGS		
SEIZURES	PERAILC	1015 0-14	S-10 (A)	PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE		
36.60	SEIZURES PERNICIOUS ANEM			1 _ YES 2	XNO	OF DEATH?		
H4(70 144)	- HI O III (DOC SIC)					1 TES 2 NO		
	No-	T SMOKI	NG RELATES	Ø.				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (	Check only one)				
1 TYES 2 NO		A/Outpatient 3 DOA	OTHER: 4   Nursing Home 5   Residence	6 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJ (Month, Day,		OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW	284. DESCRIBE NOW INJURY OCCURED			
3 Suicide 6 Could not	2 Accident investigation				ural Route Number,			
29e. CERTIFIER 1 CERTIFYING PH	29e. CERTIFIER Descripting puveroun. To the head of the best of th							
2 MEDICAL EXAM	INER: On the basis of exam	ination end/or investigation	n, in my opinion, death occured at t	he time, date end place, er	nd due to the ce	use(e) end manner ee stated.		
296. BIGNATURE AND TITLE OF CERTI	FIER		29c. LICENSE N	29c. LICENSE NUMBER 29d.		SNED (Month, Day, Year)		
I Albury 1 Pra	entlum	MO	Do4	766	D /-	19-96		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DANIEL ROSENBLUM KENSINGGOW) ND 20895							
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE (	OF DEATH (ITEM 27) (Type,	Print)	2601				
DANIEL ROSE	JBLUM 10	FOR CONHE	Print) WT AV ST	2606				
30. NAME AND ADDRESS OF PERSON DANIEL ROSE  31. DATE FILE CONTRACTOR MARCHAN			Print) WT AV ST	0895				
DANIEL ROSE		SIGNATURE SIGNATURE SULLAN RANGALLI	Print AV ST	0895				



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N: The law requires that the death certificate be executed writim 24 hours after death. P.	was a second and the form singled by the continue of any and accomplished in he the former
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leath. Page 6 may be retained by the hospital or attending physician.

Luneral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiderly filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.

	REGISTRAR		CERTIFI	CATE C	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH			3. TIME OF DEATH	
	Jeanne	Litten				January 2	199	6 YEAR	12:10PM M	
			In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	217 00 0711	□ M 2 1 4		MONTHS DAY	8 HOURS MIN.	Feb. 6,19		Cali	fornia	
	9a. FACILITY NAME (If not Institution, give street	and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COUNTY OF DEATH		EATH	
FUNERAL DIRECTOR	Anne Arundel Medio	cal Center		Annap	olis		Ann	ne Ar	undel	
Ä	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LC	CATION				10d. INSIDE CITY LIMITS?	
	Maryland Anne An	runde1	D	avidso	nville				1 ☐ YES 241 NO	
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
	1064 Red Maple Court			21035			Uni		ited States	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORK If yea, specify Cuban, Mexican, Puerl					— American Indian, t, White, etc.	
BY	IF YES, OIVE WAR OR DATES			1 YES 25 NO Specify:			Specify: White			
9	15. OECEDENT'S EDUCATION (Specify only highest grade com	ON apleted)	16a. DECEDENT'S I			166. KIND OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	Ille. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.)						
COMPLETED	5		Homema	ker			Home			
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)			
BE	Ray S. Humiston					Lazarus				
2	19e. INFORMANT'S NAME (Type/Print)	/** * **				Route Number, City or Tov				
	Russell Litten	(Husband)	1064			rt Davids		-		
	20e, METHOD OF DISPOSITION  1 X Burlet 2 Cremetton 3 Removat	from State cem	PLACE AND DATE O	her placel			CATION -			
	4 Donetton 5 Other (Specify)		akemont			s 1/6/96 D	avids	onvi	Ile Md.	
	R. hoot & C	21. SIGNATURE OF FUNERAL SERVICE LICENSET  22. NAME AND ADDRESS OF FACILITY Robert E. Evans Funeral Home, P.A.								
	10000	· vars	1/40			lis Rd. Bo			20715	
		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Shock, or heart fellure. Liet only one cause on each line.						Approximate Interval Between		
	Onset and Da						Onset and Death			
	resulting in death)							10415		
		DUE TO (OR AS A	CONSEQUENCE OF	):						
8	Sequentially list conditions, b	Sequentielly list conditions,  Due to (or as a consequence of):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate								
음	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	):						
F	resulting in death) LAST									
	DARY II Other plantflood and the	and the state of the state of						-		
EDICAL						Part I. 24a. WAS AF	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă		1 TYES 2 NO COMPLETION OF DEATH?					OF DEATH?			
Σ	DID TODA COO LICE CO.	LITE TO GALLES	E DEATH III		A		/		1 TYES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN									
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  USSPITAL:  OTHER:									
IYS	1 VES 2 NO 1	Impatient 2 L EH/Outp		- T	Home 5 Residence		and all forces of the	diamer +		
	27. MANNER OF DEATH  Natural 5 Pending	(Month, Day, Year)	28b. TIMI	URY	WORK?	28d. DESCRIBE HOW	INJURY OC	CUREO		
m 1 YES 2 NO					or Primi	Davida Mirimbar				
COMPLETED	3 Suictde 6 Could not be 4 Homicide determined	City or Town, State)					noute Number,			
F	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N; To the best at my know	ledge, death occurre	ed at the time	date and place, and du	s to the cause(s) and me	nner es et-	ted.		
ME.	(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.  Description one)  MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
	29b. SIGNATURE AND THE OF CENTURE	DA DA								
) BE	refer 100	296. SIGNATURE AND THE OF CHITTEEN 29d. DATE SIGNED (Month, Day, Year)								
2	30 NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	7140	0 1	15	101	241	
	31. DATE FILED (Month, Day, Year) 32 AEGISTRAR'S SIGNATURE									
	JAN 17 1996	Jahra Burde	arlands!							

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			State of Maryland / Depart Certi	tment of F <i>ficate of l</i>			giene Reg. No.	96	02645
100	Physici /Medio	al	1. Decedent's Nama (First, Middle, Last)  George Alton Lutrell			2. Date of Dea Month January	Day 6, 199	Year 6	3:20 A.M.
F	Examir uneral rector	er		if Undar 1 Year Wonths Days	Rockvill  If Undar 24 Hrs. Hours Min.		Mont	gomery	a (Stata or Foreign
		ctor	Usual Residence of Decedent  10a. State 10b. County 10c. City, Town or Local  Maryland Prince George's Bowie	tion			,,1520	10d.	insida City Limits
h with th	23a or 28	al Director	10e. Street and Number 11702 Burroughs Drive	10f. Zip Coda 20720			10g. Citizen of V United		
020 urs after deal	"natural", or items 23a or 28a-f show viical Examiner must be notified at	by Funeral	Armed Forcas? If Y. 1 □ Naver Married 2 □ Married 15€ Yes 2 □ No	s Decedent of H les, specify Cuba	lispanic Origin? (Spec an, Mexican, Puarto F Specify:	cify Yes or No- lican, atc.)		e - American I ok, Whita, atc.	
212 d withir giene.	The M	Completed	15. Decedant's Education (Specify only highast grade completed)  Elamantary/Secondary (0-12)  College (1-4or 5+)	nt's Usual Occuping of work done of NOT use retired	eation during most of workin oker	g	16b. Kind of Bu	usiness/îndust	
D SE	7 is marked othe traumatic avant,	To Be C	17. Father's Name (First, Middle, Last) George Vonley Lutrell		18. Mother's Nama Beaulah B		Maiden Surnam	10)	
	U F				end Number or Rural rt Rockvi		-	State, Zip Co.	de)
- 10	E df		20a. Method of Disposition  1 A Burlai 2 Cremation 3 Ramoval from Stata  4 Donation 5 Other (Specify)  20b. Placa of Disposition cemetery, cremating the complete state of the c			Date 1/11/96	20c. Location -		State
Baltimo permit. Page: Department of	any inju		21. Signature of Funeral Sarvice Licensee 22. N	lame and Addras	ss of Facility Evans Fu	neral H	Iome, P.	Α.	
/Me	sician edical miner	7	23a. Part 1. Enter the disease, or complications that caused the death point enter to shock, or heart failure. List only one cause on each line.  Immediata Cause (Finai disease or condition esulting in death)	he mode of dyin	aapolis Rd g, such as cardiac or	respiratory sr	rest,	Ap	pproximate ervel Between aset and Death
	g physiclan and as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last  Due to (or as a consequence of the cause)  Due to (or as a consequence of the cause)  Due to (or as a consequence of the cause)	nce of):				Υ,	ours
Geath cent	ed by the attending detached for use as	Physician/M	d	ertving cause giv	en in Part f.	23b. Did t	obacco use con	ntributs fo the	e cause of death?
G. that	signed by the	by Phy	HTN; NIDDM; YOCV			101	/ss 2□No	3 Probabl	ly Unknown
ecor law requ	2 shou	Completed				24e. Wes a perfor	an autopsy med?	availat	autopsy findings ble prior to etion of cause th?
ital R	director, page	Be Cor	25. Was case referred to medical		26. Plece of Death	1 □ Y		1 □ Ye	es 2 No
on of	r: After this ce he funeral direc	ို	examinar?  1	3 DOA Other	4 A Nursing Hom		ence 6 □Otho ow injury occurr		
Divis	To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28a. Place of injury - At home, farm, street bullding, etc. (Specify)	, factory, office	2	8f. Location (S City or Tow	ireet and Numb n, State)	er or Rural Ro	outa Number,
To the Hospital within 24 hours	he Funer pletely fil	edicai	29e. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth or 2 Medical Examiner: On the basis of axamination and/or investigation and manner steted.	curred at the tim tigation, in my of	ne, date and place, se pinion, daath occurre	nd dua to the d d st the time, d	ause(s) and ma date and place, :	nner as state and dua to the	d. cause(a)
Tot	Com	Σ	29b. Signatura and title of certifiar	29c. Licanse			29d. Date signed		
(15)	1/1/2		30. Name and address of person who completed cause of death (tlem 23a) (Type, Print	nt) N. L	3202 elsure a	لماءود	Blud	16,1	176
	100		31. Data filed (Month, Dey, Year) 32. Registrar's Signature	Silver	Spring	Mac	yland	2090	6
F	Sta Registra		JAN 17 1996 Ship Market		16				

TO BE COMPLETED BY FUNERAL DIRECTOR

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P.0.
RECORDS,
VITAL
OF
DIVISION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	<b>MENTAL HYGIENS</b>
	ERTIFICATE	OF DEATH	REG. NO.

REGISTRAR									
OECEOENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		YEAR	3. TIME OF OEATH
IRENE	LAWSC	ViQ			01	- 05		96	11:00 P
SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	The second secon	7. DATE	OF BIRTH			PLACE (State or Foreign
092-05-0183	1 🗆 M 2 💢 F	90 YRS.	MONTHS DAYS	HOURS MIN.	10-1	17-05	1	JAsh	
. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	TY OF D	EATH
residential Wood	is		Adelph:	i. MD			Princ	ce (	Georges
ESIDENCE OF DECEDENT									002500
e. STATE 10b. COUNT			Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
MD Princ	ce Georges	Ade	elphi						1 X YES 2 NO
STREET AND NUMBER			- 1	IOI. ZIP COOE			10g. CITIZI	EN OF V	VHAT COUNTRY?
801 Metzerott Ro	oad			20783			US	SA	
MARITAL STATUS	12. WAS DECEDENT EVER			ECENDENT OF HISPA			or No-	14. RACE	- American Indian, c, White, atc.
Never Merried 2 Merried	FORCES? 1 YES			specify Cuben, Mexic ES 2 NO Speci		lican, etc.)		Speci	W.
Widowed 4 Divorced							l l	Blac	ck
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPAT		16b.	KIND OF BUS	INESS/INOU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	retired.)	noot of troing					
9th		Laundry	Worker	c	Se	elf-Emp	oloyed	d _	
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, I	Aiddle, Malden	Sumeme)		
Alfred Keys	**			Unkno	NI				
. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t end Number or Rurel		per, City or Town	n, State, Zip C	Code)	
James Poteat		6400 5	oth Stre	eet N. W.	Was	sh. DO	2001	12	
a. METHOD OF DISPOSITION	20	0b. PLACE OF DISPOS					CATION - C		wn. State
Burlel 2 Cremetion 3 Rer	moval from State	other place)				1000000			
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SIGNATURE OF FUNERAL SERVICE L	CENSEL		22. NAME	AND ADDRESS OF IT	Filmor	ol Uon	20 T		
			1 1121	rsnall s	L I II IC I	A (10)	(m)	10.	
MYP ma	-16-00	7	Mai 421	AND ADDRESS OF F	Fuller M U	al non	ie, II	10.	011
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	r shall complications that cause of Liet only one cause on		421	l7 9th St	. N.W	. Wash	1., DO	20	011 Approximate Interval Betw
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 6876

1	•	FOR STATE REGISTRA
1	. D	ECEDENT'S

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CEF	RTIF	CATE OF	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Leat)		Lewi	ک		4	2. DATE OF MONTH	ary 6	1996	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER  213-34-0103  90. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F street end number)	6. AGE (In yrs. lest b	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DI	7. DATE OF I (Month, De 10/0	9/33	8. BIRT Coun	Si C-		
Prince George's		z Hospita	1		ly, MD				George's		
	e George'			r, town or location	TION				10d. INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND NUMBER 1101 Nalley Road			101. ZIP CODE 10g. CI						WHAT COUNTRY?		
11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Widowed 4 Divorced		T EVER IN U.S. ARME YES 2 NO NO MR OR DATES		It yes, sp	endent of HISPAI ecity Cuben, Mexica 2 X NO Specif	in, Puerto Rica		0— 14. RAC Blac Spec	E - American Indian, ik, White, atc. i/ly: Black		
15. DECEDENT'S ED (Specify only highest gred Elementery/Secondary (0-12)	UCATION le completed) Callege (1-4 or 5 d	(Give	DENT'S kind of w o NOT us	USUAL OCCUPATION OF A retired.)	DN st of working	16b. KIP	OF BUSINES	S/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden Sumi	eme)			
Alfred C. Jones					Johnett						
19e. INFORMANT'S NAME (Type/Print)	18	51	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5120 Kennebunk Terrace college Park,						MD 20740		
Robert Lewis			D. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATE						ATION — City or Town, State		
1 X Burial 2 Cremation 3 Red 4 Donation 5 Other (Special	noval from State	Harmon			Park 1/	17/96	Lando	war 1	√D.		
21. SIGNATURE OF FUNERAL SERVICE L	ICHNSEE	7	1	22 NAME A	Eads St	CHITY					
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):										
PART II. Other algorificant condition  Dialysis, 6	ona contributing to	death but not rea	suiting i	in the underlyin	g cause given in		e. WAS AN AUTO PERFORMED	7	b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEATH	H YE	S NO [	UNCERTAI	NE			1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	OTHER:							
1 VES 2 NO  27. MANNED OF DEATH  1 Natural S Pending			28b. TIMI	4 Nursing Hon E OF 28c, IN.	URY AT PRK?		pecify)	Y OCCURED			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At home etc. (Specify)	e, term, s		YES 2 NO		ON (Street and N lown, State)	umber or Rural	r Rural Route Number,		
	SICIAN: To the best of e								(e) and manner ee stated.		
29b. SINATURE AND TITLE OF CERTIFI	Coding	ug M	)		29c. LICENSE NU	MBER	299	DATE SIGNE	0 (Month, Day, Year)		
Hutaus D. F. E.	dangue	2-/ND, 5	27) (Type,	9 Ray	12123 Jum C	4. Cp. S	no n	102	07408		
JAN 16, 199	S Julia	R'S SIGNATURE	44			,					

padant is the street

Amended# 20, P. E. Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** JANUARY 3° 1996 3:31 SENECA C. LAWRENCE /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** BALTIMORE CITY
r if Under 24 Hrs. 8. Detection (Month) THE JOHNS HOPKINS HOSPITAL If Under 1 Year 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) Birthpiace (State or Foreign Country) **Funeral** 1 □ M 200 F Months Deys Yrs **Director** 578-84-1914 35 July 9,1960 Wash. D.C. Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haalth and Mental Hyglens. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic avent, the Medical Exemples. 10a. Stete 10d. Inside City Limits 10b. County 10c. City, Town or Location 1 Yes 2 □ No Director MD Prince Georges Upper Marlboro 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 14021 Manchester Road 20772 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Raca - American Indian, Bieck. White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Detes: 1 ☐ Never Merried 2 ☐ Merried Specify: Black 1 ☐ Yes 2 No à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry Dept. of Consumer & Elementery/Secondary (0-12) Coilege (1-4or 5+) Regulatory Affairs 12 Administrative Assistant 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be P Clyde Hartridge Elma Whitehead 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) James H. Lawrence III/Husband 14021 Manchester Rd., Upper Marlboro, MD 20772 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1116/96 1 Buriel 2 □ Cremetion 3 □ Removei from Stete 4 ☐ Donetlon 5 ☐ Other (Specify) Lincoln Cemetery 1/8/96 Brentwood, MD 21. Signeture of Funerel Service Licenses 22. Neme end Address of Facility Marshall's Funeral Home, Inc. 4308 Suitland Rd., Suitland, 23a. P. I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, study, or heart failure. List only one cause on each line. Approximete interval Between Onset and Deeth **Physician** immediate Cause (Finel disease or condition resulting in death) /Medicai Hepatic Failure Examiner Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last and Due to (or es e consequença of) physician s the burial Division of Vital Records, P.O. Box 68760. certificate be Physician/Medical Due to (or es e consequenca of) B 26 Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the d be detached 1 □ Yss 2 ☑ No 3 □ Probably 4 □ Unknown g 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? Completed ž page 2 certificate 1 ☐ Yas 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical axaminer? 8 26. Place of Death (Check only one) Hospitel: Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 흅 Certification: 27. Manner of Deeth 28a. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Neturei 5 Pending 1 Yes 2 No investigetion 2 Accident or Attend after death Director: 6 Could not be datermined 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 29e. Certifian 🖎 Certifying Physician: To tha best of my knowledga, death occurred at the time, date end piece, end dua to tha causa(s) and manner as stated. 2 | Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner steted. To the Ho within 24 ? To the Fur completely 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) udele 30. Neme and address of person who completed cause of daeth (item 23a) (Type, Print) MD Hospital, Baltimore, Maryland, 91205 ns Hopkins H 32. Registrer's Signeture Durdek

Registrar **DHMH 16 Rev 6/95** 

State

**JAN 16** 

Carry and John Rocker Landers

Pages 1, 2, 3 should

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31. DATE FILEO (Month, Day, Year)

JAN 16

GHEORGHEU

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32. HEGISTRAD'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1996 LOWE ANE DANVARY 11; 30A W 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig 237-16-8001 1 M 2 X F NOV. 21, 1920 NORTH CAROLINA 9a. FACILITY NAME (If not instituti TOWN OR LOCATION OF DEATH 9b. CITY 9c COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDEN 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL RIVIERA BEACH, PASADENA 1 TYES 2 X NO FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 251 MEADOW ROAD 21122 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE -- American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5 +) SECRETARY BANKING INDUSTRY once. 17. FATNER'S NAME (First Middle Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) te CLYDE E. LLEWELLYN BE MYRTLE V. PARDUE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PAMELA ANN MUSSENDEN 649 SHORE ACRES ROAD, ARNOLD, MARYLAND 21012 pe 20a. METHOD OF DISPOSITION
1 

☐ Burlel 2 ☐ Cremation 3 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 6 Other (Specify) FORTLINCOLN CEMETERY 1/15/96 BRENTWOOD, MARYLAND examiner 21. SIGNATURE OF FUNERAL BERN FORT LINCOLN FUNERAL HOME, INC. 3401 BLADENSBURG RD., ERENTWOOD, MD 20722 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death 100 disease or condition\_\_\_ SUB ARACH NOID HEMORRHAGE MITTUSE 115196 event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BASAS CISTERN INVOLVEMENT VENTRICULAR 5)96 traumatic Donald & Wright CERTIFICATION CARDIA Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED? DIABETES MELLITUS any 1 TYES 2 TINO shows 2 1 YES 2 NHO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one Tem! HOSPITAL OTHER: 1 TES 2 NO patient 2 - ER/Outpe 6 Other (Specify) 4 Nursing Home 5 Residence 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? marked, 28d. DESCRIBE NOW INJURY OCCUPED A JANUARY 5, 1996 1 Natural 5 Pending 1 YES 2 THO BY 281. LOCATION (Street and Nur City on Tawn, State) 2 Accident 26s. PLACE OF INJURY — building, atc. (Specify) 3 Suicide .00 ETED 6 Could not be A. A. Count 4 Homicide 28 determined Hem 29a, CERTIFIER COMPL 1 ECERTIFYING PNYSICIAN: To the best of my knowledge. and place, and due to the 2 MEDICAL EXAMINER: On my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 295 AIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE BG287/641 Laure 1996 (A) COUL ▶ Januan 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 0 2 6 5 0

						Certificate of			leg. No.		
	Physici	ian	1. Decedent's Neme (First, Middle, La	ist)				2. Dete of Dear Month	th Dey	Yeer 3	3. Time of Death
	/Medi			RDON	McNEAL			JANUARY	29, 19	96	8:15 AM
1	Examir	ner	4e. Fecility Neme (If not Institution, given 3 DONALD LAI	THE SACRES ENGINEER			4b. City, Town, or Lo	ocation of Deeth	FRED	of Deeth ERICK	
	Funeral Director		579-24-0061	Sex 7. Age 1⊠″M 2□ F	69 Yrs	Months Devs		FEB. 19,	1 <sup>7</sup> 926	9. Birthplece Country VIRGI	o (State or Foreign NIA
	pwe s		Usual Residenca of Decedent  10a. Stete 10b. County		10c. City, Town o	r Location				10d.	Inside City Limits
	deeth with the Marylend me 23s or 28s-f show	tor	MARYLAND MONTGO	OMERY	OLNEY	,					1 ☐ Yes 2 🗷 No
	or 28	Olrec	10e. Street and Number			10f. Zip Code	i _		0g. Citizen of W		
	eth wi	ral	18104 WINDSOR HIL				20832		UNITED		
020	ours efter dee ral', or Itema Examines in	by Funeral Director	11. Meritel Stetus  1 □ Never Merried 2 □ Merried  3 ☒ Widowed 4 □ Divorced	12. Wes Decedent I Armed Forces?  1 ☑ Yes 2 ☐ In If Yes, Give Yeer or Detes:	ever in U.S.  No  WW II	<ul><li>13. Wes Decedent of I If Yes, specify Cub</li><li>1 ☐ Yes 2 ☑ No</li></ul>		ecify Yes or No- Rican, etc.)		k, White, etc.	
21215-0020	ges 1 end 2 should be filed within 72 hours efter deeth with the Maryle it of Health end Mentel Hygiene. If Item 27 is marked other than "natural", or Itema 23s or 28s-1 show or other traumatic event, the Medical Example must be notified at	Completed	15. Decedent's E (Specify only highest grade) Elementery/Secondery (0-12)	ducation ade completed)  College (1-4or 5	(G	ecedent's Usuei Occupione kind of work done e. DO NOT use retire PRINTER	pation during most of work d)	ing	16b. Kind of Bu		ry
	S should be filed end Mentel Hygi is markad other aumatic event, ii	BeC	17. Father's Neme (First, Middle, Last	)		1112111211	18. Mother's Nem		Maiden Sumam		
Maryland	should bind Ment	To	HUGH MCNEAL			9		VILLOUGH			
Mai	d 2 sh th end 7 is m traum		PATRICIA E. FAULI			eiling Address (Street				State, Zip Co. 21701	de)
re,	is 1 end if Health Item 27 other tr		20e. Method of Disposition		20b. Piece of D	sposition (Name of			20c. Location -		Stete
imo	Pa Pa		1  Bunei 2  Cremetion 3  C 4  Donetion 5  Other (Specif		GATE OF	HEAVEN	2/	1/96	SILVER	SPRING	, MD.
Baltimore,	permit. Pages 1 end Department of Health Important: if Item 27 any injury or other tr once.		21. Signeture of Funerei Service Licer	7. Ba	her	MURIEL H.	BARBER FL			I AND O	0000
			23a. Pert1. Enter the disease, or comshock, or heart feiture. List only	picetions thet caused one cause on each lir	the deeth. Do not	P.O. BOX senter the mode of dyi	ng, such es cerdiec	or respiretory arr	est, MARY	. An	0882 proximete ervai Between
De la	Physician /Medical		Immediate Ceuse (Finel disease or condition	,	t cm					On	1 FAR
ı	Examiner	L.	resulting in death)		Due to (or es e cor						0 110
	ned Insit	Examiner		b		•	4				
ó	ifficete be axecuted g physician and as the burial-transit		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (or es e cor	sequence of):					
68760,	hysicia	edical	Ceuse (Diseese or injury thet initieted events resulting In deeth) Lest	C	Due to (or es e con	sequence of):					
		-	L	d							
Box	atte	clan						1		1	
P.O.	the school	Physician/N	Pert II. Other significant conditions of	ontributing to death be	it not resulting in th	e underlying ceuse gi	ven in Pert I.	23b. Did to			e cause of death?
	8 5 8	<b>Бу</b> Р									,
Records,	aw 2 s	Completed						24e. Wes a perfor		aveilet	eutopsy findings ble prior to etion of cause th?
E E	The ate h	Сош						1 🗆 Y	es 2,00 No	1 🗆 Ye	es 2 No
Vital	Physician: The this certificate ral director, pag	Be	25. Wes cese referred to medical exeminer?	Hospitel:		Ott	26. Piece of Deet	h (Check only or	10)		
of	Physical di	- L	1 ☐ Yes 2 ☑ No  27. Menner of Deeth	1 ☐ Inpatie		Illerit 3LI DOA		me 5 Reside			
Ion	Attending Fire death.  Sctor: After by the funer	atlon	1 ⊠Naturei 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	Year) Inju	ry Wo	rk?  Yes 2□No	200. Dosonbo III	ow injury occurr	50	
	- 0	Certification:	3 Suicide 6 Could not b 4 Homicide determined			street, fectory, office		28f. Location (Si City or Town	treet and Numbe n, State)	er or Rural Ro	oute Number,
	To the Hospital or within 24 hours afte To the Funeral Direct completely filled in I	edical C		ysicien: To the best on niner: On the besis of end menner ste	exeminetion and/o						
	To th To th comp	Me	29b, Signature and title of confiller	0		29c. Licens			9d. Date signed		
			HER	lon	-WD		2595		JANUARY	29, 1	996
			30. Neme end eddress of person who DR. JOSEPH KAPLAN	completed cause of de 18111 PR	eeth (Item 23e) (Ty INCE PHIL	pe, Print) IP DRIVE,	OLNEY, M	ARYLAND	20832		
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registre	r's Signature	Redail					

DHMH 16 Rev 6/95

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YEAR

1 TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

executed within

Evelvn Mann January 1996 10 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 | M 2 | F 216-34-0798 83 England Aug. 91 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2676 Compass Drive Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 TES 2 NO Anne Arundel permit. Annapolis FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? filled in by the funeral director, page 5 should be detached for use as the burial-transit ion, or removal. 2676 Compass Drive 21401 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: BY 3 Wildowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Secretary 12+ Service Station once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) 16 Charles Edward Wilford Fanny Jenkins notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 21012 2 Mr. M. Gordon Mann Severn Chapel Road Crownsville, MD pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 20s. METHOD OF DISPOSITION

1 Burlel 2 St Cremellon 3 Removal from State

4 Donation 5 Other (Specify) p Crematory 1-23-1996 Towson, Maryland Hilltop 22. NAME AND ADDRESS OF FACILITY
Barranco & Sons Funeral Home
495 Ritchie Hwy Severna Park, examiner 21. SIGNATURE OF FUNGRAL SERVICE LIGHNSES 21012 10 medical 23. PART I. Enter the disassee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between Onsat and Death IMMEDIATE CAUSE (Finel the Adenocarcinema of the distal exphagus disease or condition resulting in death) and completely fi to burial, cremation 9 months other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to l if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 0 PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO shows 1 YES 2 NO THE FUNERAL DIRECTOR: After this certificate has been s filed within 72 hours after death with the State Dept. of H PORTANT: If item 28 is marked, or item 23 shov DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 8 Could not be COMPLETED 4 Homicide TO THE FUNERAL DIRECT
De filed within 72 hours at
IMPORTANT: If item 2 29e. CERTIFIER
(Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of exam instion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CHINFIER 29d. DATE SIGNED Month, Day, Year) BE D-38289 mO 96 122 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 615 Hannonds m () load times 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE be drudger Rendell JAN 25 1996 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

REG. NO.

DATE OF DEATH

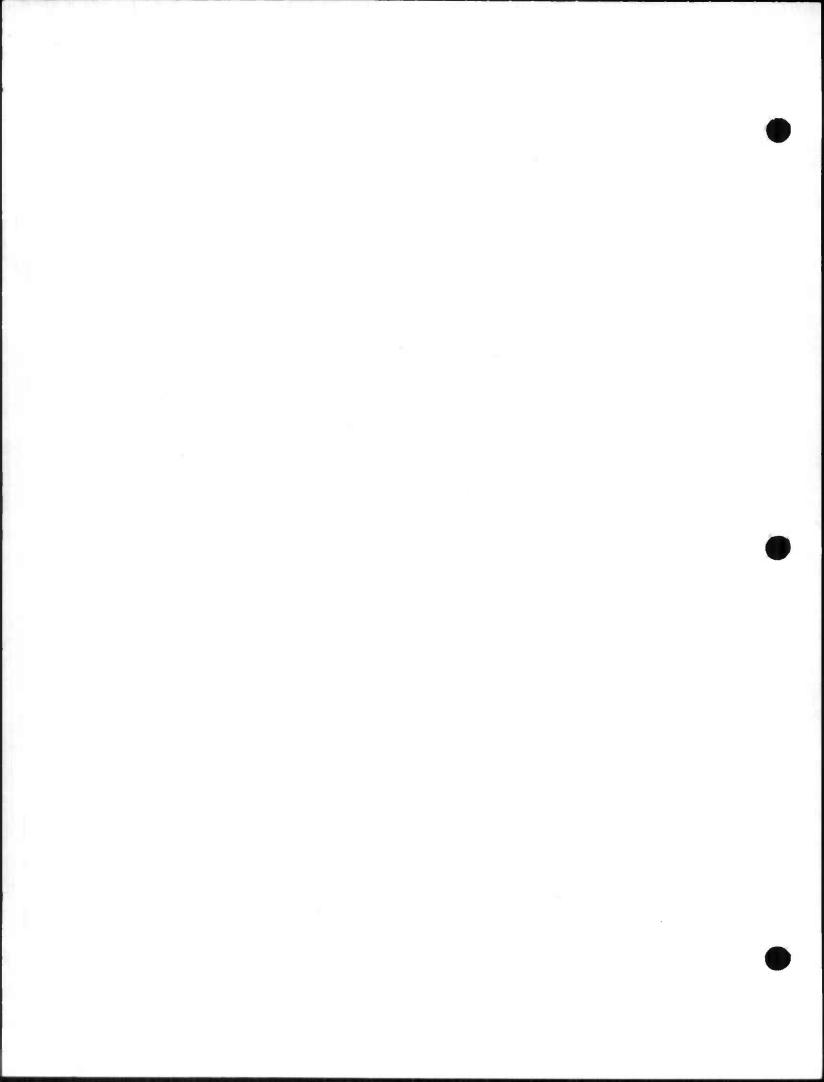
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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HERBERT MARABLE 0423-46 HUG-HES 3:00 4. SOCIAL SECURITY NUMBER 5. SEX DATE OF BIRTH 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 38 6-3-190 215-36-HOURS 1 X M 2 - F YRS. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Anne Arundel ANNAPOLLS 1055 Norman Drive Apt 106
RESIDENCE OF DECEDENT DIRECTOR 10b. COUNTY 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNAPOLI 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? APT 106 1403 1035 Norman nue after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES ti. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) hite 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced KOREAN COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Ser College (1-4 or 5+) NAUY PFILER 11.5. 5+ once. 17. FATNER'S NAME (First, Middle, Last)
ARTWORK STERMARABLE 75 Ido BE notified 190. INFORMANT'S NAME (Type/Print) end Number or Rural Route Number, City or Town, State, Zio Codel 2 Apt 101 Monroe Annop. MO 2140 3 810 ST pe 20e. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4-96 etory or other place ATTORY 1-2 Cotensule, mo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Barranco + Sons Severna Acmo 21146 in and completely filled in by the to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) event, executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF If any, leading to immediate cause. Enter UNDERLYING this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to 2 CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 6 Injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ahe PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? amy 1 TYES 2 NO requires shows : 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔁 UNCERTAIN 🗆 **₩** 23 26. PLACE OF DEATN (Check only on 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem HOSPITAL: OTHER:
4 □ Nursing Homs 5 Residence 6 □ Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ATTENDING PHYSICIAN: 5 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death with tem 28 is mark ВУ 2 Accident 26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 26t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and menner ee steted. (Check only one) FUNERAL I = 2 MEDICAL EXAMINER: On the bests of an TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29d. DATH SIGNED (Month, Day Year) 29c. LICENSE NUMBER BE 214 2 MICH COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) RO GBY ME 120 32. REGISTRAR'S SIGNATURE 1996 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02653

						Cen	tificate o	f Death		Reg. No.		
	<b>5</b> 1		1. Decedent's Nama (First, Middle, Last	t)					2. Date of De		Year	3. Time of Death
	Physic /Medi		William Joseph Ma	ask					Januar		996	4:26 P.M.
	Exami		4a. Facility Nama (If not Institution, giva					4b. City, Town, or			Section 1	
			Frederick Memoria	al Hospita	11			Frede	rick	Fre	ederi	ck
	Funeral Director		5. Social Security Number 8. Se 217-16-2540 Usual Rasidance of Decedant	7. Aga ⊒M 2□F	(In yrs. las	yrs.	ff Undar 1 Yas Months Day		(Month, De	th ay, Year) 8, 1924		laca (Stata or Foreign itry) y land
	pue Maria		10a. Stata 10b. County		10c. City,	Town or Loc	ation				1	0d. Inaide City Limits
	the Merylen r 28a-f ahow notified at	Director	Maryland Frederi	ck	Fred	lerick	10f. Zip Code			10g. Citizen of 1	After Course	1 XYas 2 No
	th with	급	902 Seminole Road				217				A.	try
	ter deeth tems 23	Funeral	11. Maritai Status	12. Was Decedent E	var in U.S.	13. W		f Hispanic Origin? (S	pecify Yas or No		e - Amaric	an Indian.
020	Maryland 21215-0020 d 2 should be filed within 72 hours efter deeth with the Meryland th and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumetic event, the Modical Examinat must be notined at	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 ☑ Yas 2 ☐ No It Yas, Giva Yaar or Datas:	WWII	14	Yas, specify Co □ Yes 2[X]N	ıban, Maxican, Puarl	o Rican, atc.)		ck, Whita, : v: W1	atc. hite
2-0	72 ho	Completed	15. Decedant's Edu			16a. Decede	ent's Usuai Occ	supation na during most of wo	rkina	16b. Kind of B	uainass/Inc	dustry
21	within and the state of the sta	npie	(Specify only highast grad Eiamantary/Secondary (0-12)	Collaga (1-4or 5-	+)	lifa. De	O NOT usa rati	red)	King			
2	77 7 1 10	Co	12			Ma	il Carı	1		U.S. I		Office
E	be filed tal Hygi d other event, t	Be	17. Fathar'a Nama (First, Middla, Last)					18. Mothar's Nat		, Maldan Suman	na)	
7	should be and Mental marked o	10	Harry Joseph Mask						Bowers			
Mai	ges 1 and 2 should be filed to fleath and Mental Hyg if fem 27 is marked other or other traumatic event,		19a. Intormant's Name/Raietionship (T) James R. Mask	ype, Print)		_		et and Number or Ru				
	l and lealti m 27				20h Blad		Ition (Nama of	Road, Re			-	
Baltimore,	A H		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ F	Ramovai from Stata	сеп	natary, crami	atory or other p		Data	20c. Location		
Ħ	Department mportant: nny Injury		4 Donation 5 Other (Specify)		Mour		vet Cen		1/23			Maryland
Ba	permit. Pages 1 and 2 Department of Health a Important: if Item 27 lie any Injury or other tra-		21. Signatura of Famoral Gervice Licens	Liles	17f	RO 12	BERT E.	rass of Facility DAILEY & TH MARKET	SON FU	NERAL HODERICK,	MES,	P.A. 1701
			23a. Part1. Enter the disease, or complished, or heart failure. List only of	ications that extraor	the eath.			ying, such as cardia				Approximata Interval Batween
	Physician			0 01				)				Onset and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition	Cono	VAN	24 1	GRAM	ry Di	56-175	6		VERRS
и	LAAMMIC	L	rasulting in deeth)			s a consequ					İ	
	p ±	ine		h								
	ete be executed hysician and the buriei-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		oua to (or a	s a consequ	ance of):					
9	icete be execu physician and s the buriei-tra		cause. Entar Undarlying Cause (Disaese or injury that initiated evants	c							<u> </u>	
68760,	certificete be execut ding physician and use es the buriei-trar	edicai	rasulting in death) Last	D	s a consequ	ance of):						
Box	centing ding	2		d								
m	death ce attendii	cla	Dod II. Other elgoHleent conditions as	nach dian an docah bud		- t- the con-	de di de e de cont	ahara la Banki	ook Did	**********	-0-10-10-10-10-10-10-10-10-10-10-10-10-1	the same of death 0
0	the can b	Physician/	Part II. Other significant conditions con	nthouting to death out	not rasultii	ng in tha und	anying causa	givan in Part I.		Yes 2 No		the cause of death?
٦,	that i	by P							,,,	TOS 2LINO	3   1100	abiy 4 Onknown
Vital Records,	iew requires that the de es been signed by the i 2 shouid be deteched	Completed to							24a. Was perfo	an autopsy ormed?	ava	ara autopsy findings ailable prior to mpiation of causa death?
Re	sician: The lew certificate hes b lirector, page 2 a	E							10	Yas 2□No		Yes 2□No
ta	iffical tor, p	BeC	25. Was casa ratarred to medical					26. Placa ot Da		Hat to the		
>		TOE	axaminar?	Hospital: 1 ☐ Inpatian	t 2 EF	R/Outpatient	3 DOA	Whar:		dance 8 Oth	ar (Specify	v)
lon of	To the Hospital or Attending Phys within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral director.		27. Mannar of Death  1 Natural 5 Pending 2 Accidant invastigation	28a. Data of Injury (Month, Day	28	8b. Tima of Injury	28c. In W			how injury occur		
Division	after des Director d in by th	Certification:	3 Suicide 6 Could not be 4 Homicida detarmined	e, farm, atre	arm, atreet, factory, office  28t. Location (Street and North yor Town, Stata)					f Routa Number,		
	Hospital 24 hours Funeral etely filled	edical C	29a. Certifiar (Check only one)  Certifying Physical Examination	alcian: To the best of ner: On the basis of a end manner state	axamination	edga, daath o n and/or inva	occurred at that stigation, in my	tima, deta and place opinion, daath occu	, and dua to tha erred at tha tima,	cause(s) and me data and piace,	annar as st and dua to	ated. tha causa(s)
	within within To the	Me	29b. Signature and title of certifier	0			29c. Lica	nsa number	,	29d. Data signe	d (Month,	Day, Year)
	F > F 0		Daved X	funne	- E	90	H	3980	4	1-19	-96	
			30. Name and address of person who co	1 MERS	915	3a) (Type, P	rint)	E AVE.	Free	Denic	KM	A 21701
	Sta Registr		31. Data 34.027. 27.4996	32. Registre	s Signatur	Rarball						

BALTIMORE, MARYLAND 21215-0020

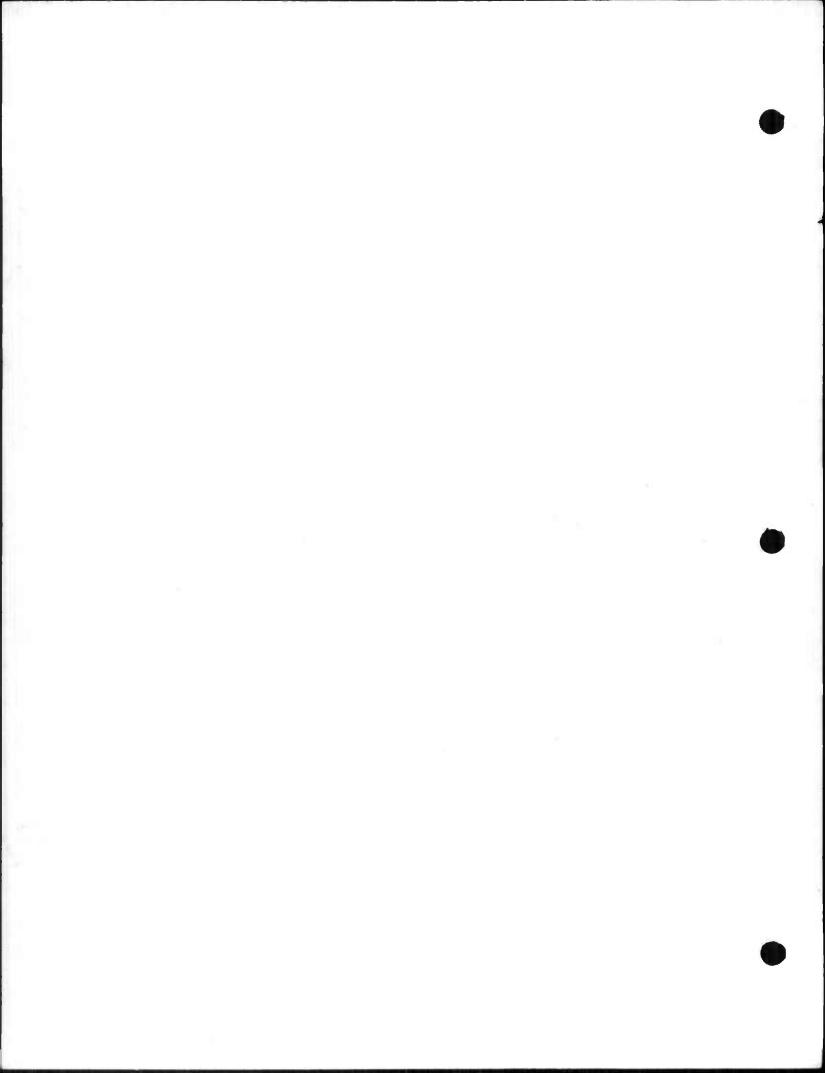
DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	tal or aften	for use as		
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	TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaiched for use as the burial	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be execute	ician and c	rior to buria	traumatic
	th certificati	ending phys	Il Hygiene p	or other
	that the dea	d by the att	and Menta	ny Injury,
	w requires t	been signe	nt. of Health	shows a
	JAN: The la	rtificate has	le State Deg	or item 2:
	NG PHYSIC	fter this cer	eath with th	marked,
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	HOSPITAL	FUNERAL C	within 72 h	TANT: II II
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										9	0	02654			
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL HYGIEN						
	t. DECEDENT'S NAME (First, Middle, La Evelyn	viola MOI							2. DATE OF DEATH		YEAR	3. TIME OF DEATH 5:00 AM			
	4. SOCIAL SECURITY NUMBER 218-34-4139	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH Sept. 13,		A BIRTH	IPLACE (State or Foreign			
R	90. FACILITY NAME (If not institution, ght 602 Rosemont	e street and number) Avenue					erick			9c. COL	eder:	EATH			
RECTO	RESIDENCE OF DECEDENT  10e. STATE  Montrel and Theorem	NTY	Y, TOWN (	OR LOCAT						10d, INSIDE CITY					
FUNERAL DIRECTOR	Maryland Fre	derick		Fr	eder		ZIP CODE					1 YES 2 NO			
BY FUNE	tt. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	tz. WAS DECEDEN	IT EVER IN U.S. ARI	MED O		If yes, spe	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		Black	E — American Indian, k, White, etc.			
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Sepondary (0-12)	18a. DEC (GA iifa.	ve kind of Do NOT u	USUAL OF WORK done to retired.) emak	during mo:	N st of workin	g	16b, KIND OF BU		1					
BE CON	17. FATHER'S NAME (First, Middle, Leat) Clyde Sylvester BELL  16. MOTHER'S NAME (First, Middle, Meiden Surname) Bessie Amelia UMBERGER														
TO B	190. INFORMANT'S NAME (Type/Print)  Mrs. Lorraine Stup  190. Mailind address (Street and Number or Flural Route Number, City or Town, State, Zip Code)  5321 Old National Pike, Frederick, Md. 21702–3601														
	20b. METHOD OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Management of Date of Town, State Management of Date of Town, State of The Date of Town, State of The Date of Town, State of The Date of Town, State of The Date of Town, State of The Date of Town, State of The Date of Town, State of Tow														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Pichan & Home  M00255  22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home 106 East Church St., Frederick, Md. 21701														
	23. PART I. Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	ise on each line.	ر ت	Rigo				as cardiac or reap			Approximate Interval Between Onset and Death			
EMILIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):									-					
MEDICAL C	PAGE II ON THE INC.														
AN: W	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	ITRIBUTE TO CA			S I I		UNC	ERTAIN	10	-		t YES 2 NO			
PHYSICIAN	EXAMINER?	HOSP!TAL: 1   Inpatient 2   28a, DATE OF	ER/Outpetlent 3 [			ing Home		sidence	6 Other (Specify)						
2 2	1 Natural 5 Pending 2 Accident Investigation		URY M		IRY AT	NO	28d. DESCRIBE HOW	NJURY OC	CURED						
20	3 Suicide 6 Could not be 4 Homicide determined	286. PLACE O building,	F INJURY — At homete. (Specify)	ne, farm, s	street, fect	ory, office			261. LOCATION (Street City or Town, State)	and Numbe	r or Rural R	loute Number,			
COMPLEIED									to the cause(e) end ma time, dete end place, er			and manner as stated.			
出	29b. SIGNATURE AND TITLE OF CERTIF	15. N	me	2			29c. LICE	NSE NUM .819:				(Month, Day, Year)			
2	Dr. Arthur G. Ma	who completed causes and 10 MD 1	87 Thoma	27) (Type, 1S J(	Print) hnsc	n Di	cive,	Fre	ederick, M						

32. AEGISTRAN'S SIGNATURES

JAN 1 9 1996



Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wifein 24 hours after death, Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Florence 1996 2:27 Merke Tanuary 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. 1 M 2 F 019-03-8208 Aug. 10, 1908 Massachusetts 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT tob. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Pennsylvania Bedford Bedford 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 739 Echo Vale Drive 15522 United States 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14, RACE — American Indian Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3 🗓 Widowed 4 🗌 Divorced White 9 ts. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) 4 Retail Store Associate Department Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maciej Kodys Juliana Rakowski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Marcia Dively 8608 Imagination Court Walkersville, Maryland 21793 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State

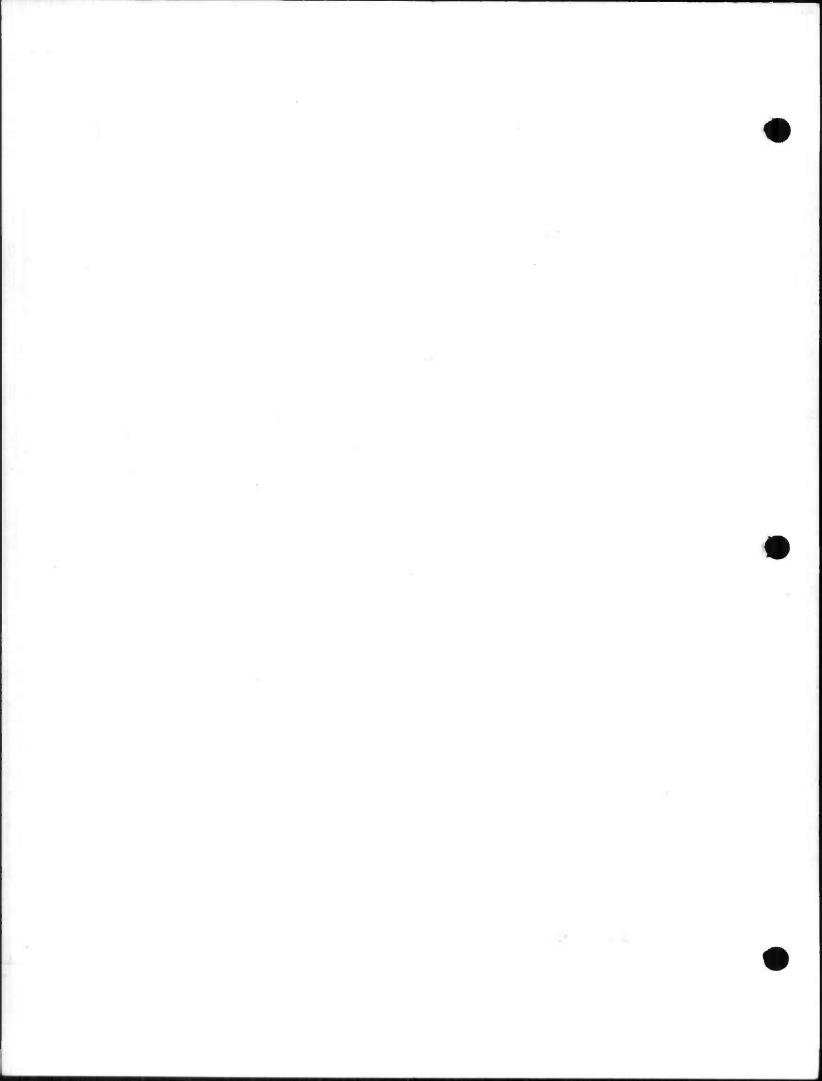
4 Donation 8 Other (Specify) Thomas Catholic Cemetery 1/15/96 Bedford, PA 15522 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer funeral Homes, P.A 1621 Opossumtown Pike Frederick, MD 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, shock, or heart failure. List only one ceuse on each line. Approximste Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition MYOCARDIAL INFARETTON reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) COROLLARY ACTORY CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING ABETES MEL CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 1 YES 2 NO 1 | Inputlant 2 | ER/Outputlent 3 PDOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Chack aniv...)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as steted. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE, AND TITLE OF CERTIFIE LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE 147184 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) coppermine RD. WOODSBORO

MD 21798

32. REGISTRAN'S BIONATURE

KINGSON WOO M.D



96 02656

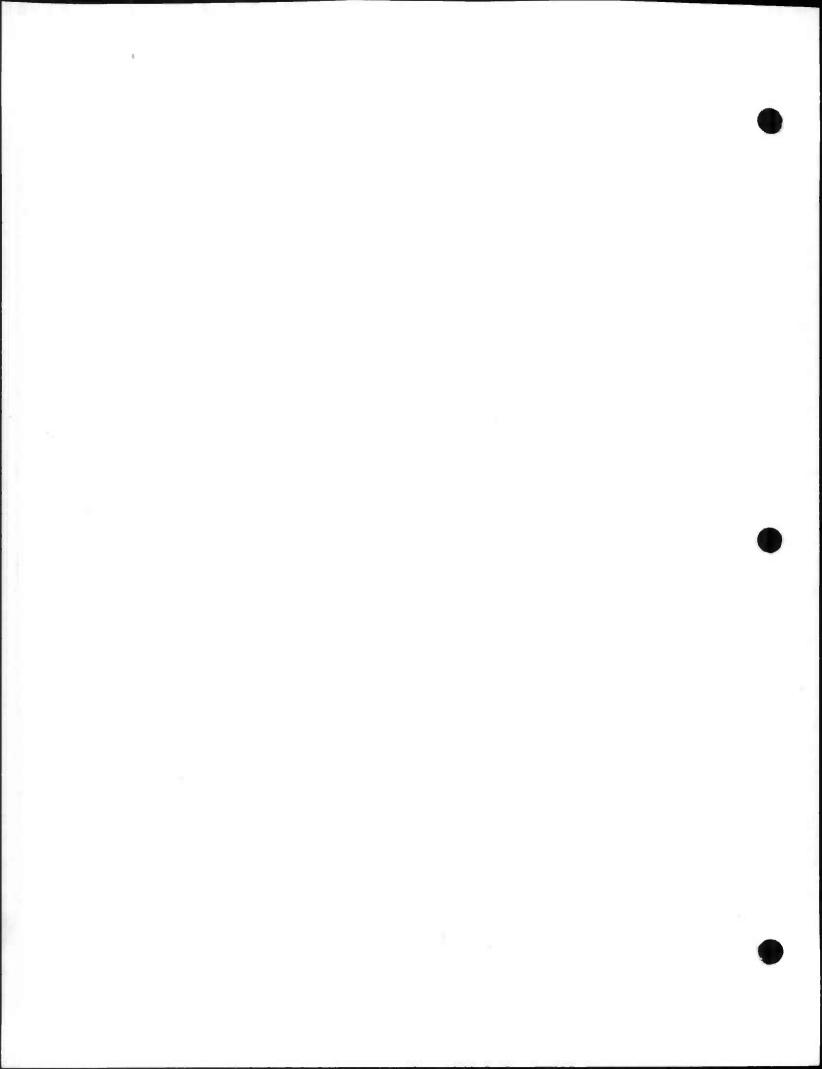
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First,					MILL	FD	DEA		2. DATE OF D		000	YEAR	3. TIME OF DEATH
						111111	LULY			January	8, 19	190		11:45 AM M
Ţ,	4. SOCIAL SECURITY NUME 212-24-687		5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B	28, 1	911	8. BIRTH Count Mar	PLACE (State or Foreign y)
_	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								
Ö	Meridian		ng Cente	r		F	Frederick Frederic							ck
2	RESIDENCE OF DEC	10b. COUNTY			10c. CITY, TOWN OR LOCATION							_		
DIRECTOR	Maryland		erick			Fred								10d. INSIDE CITY LIMITS?  12 YES 2 NO
FUNERAL	1720 North	n Marke	et Stree	t			4	1. ZIP COD					S.A.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	T EVER IN U.S. AR	IMED NO		If yes, sp	ecify Cuba	ırı, Mexica	IIC ORIGIN? (Sp n, Puerto Rican	pecify Yes		14. RACI	E — American Indian, k, White, etc.
D BY	3 📉 Widowed 4 🗌 Divo			WAR OR DATES				2 X NO	Specify	<i>r</i> :			Speci	White
IE	(Specify only	EDENT'S EDUC highest grade	CATION completed)	/G	ive kind of	Work done	CCUPATION OF THE COURT OF THE C	ON ost of worki	ng	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0									Own	Home	e		
00	17. FATHER'S NAME (First, M.									ME (First, Middle	e, Maiden S	Surname)		
BE	Georg				ROUT				Lill			RICK		
5	Mr. J. Mich	nael Ti	cout	191	P.O	BOX	x 43	5 Em	mits	burg,	Mary.	, stere, zip land	217	27
	20e METHOD OF DISPOSITI 1 Burlal 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE					y,Ja	n. 12,	20c. LOC	eation – 6 M:	City or To	etown, Md.
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA					
_	Richo	NC.	May	M002		1	06 E	Cast	Chur	ch St.	. Fr	eder	ick.	Md. 21701
	the second secon	aart fallure. L	Dmplications the List only Dns cau	t caused the da use on each line	ath. Do i	not antar	tha mo	da of dy	Ing, suc	h as cardiac	or raapir	atory arr	rest,	Approximats Interval Between
1	IMMEDIATE CAUSE (Fin disease or condition		CER	FART V	4000	100	,	tec 11	ENT	-				Hours
İ	resulting in death)			(OR AS A CONSE					2747					1100K3
NO	Sequentially list conditi		DUE TO	(OR AS A CONSEC	DUENCE O	F):								
ICAT	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG												
CERTIFICATION	that initisted events resulting in death) LAS			(OR AS A CONSEC	DUENCE O	F):								
	PART II. Other significa	nt condition	contributing to	death but not s	enulting	In the un	darlula		nhan la	Boot L. Date			T	
EDICAL	PERPHE	RAC	VASCUL	AR D	USEA	SE	ruar iyiri	A canae i	given in		PERFORM	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1	YES 2	Ø NO		OF DEATH?
ž	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF DEA	TH YE	S 🔲 1	NO [	UNC	ERTAIN	10			1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	28. PLAC	E OF DEA	TH (Check o								
YSI	1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									- 7				
ВУ РН		Pending nvestigation	28a. DATE OF (Month, D	INJURY ay, Year)	26b. TIM INJ	E OF IURY M		URY AT PRK? YES 2	] NO	28d. DESCRIB	E HOW IN	JURY OCC	CURED	
	3 Suicide 8 🗆	Could not be letermined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, ferm, :	street, fact	ory, offic	•		281. LOCATION City or You	N (Street ar	nd Number	or Rural R	loute Number,
COMPLETED	29e. CERTIFIER (Check only	IFYINO PHYSIC	CIAN: To the best of	my knowledga, de	ath occurr	ed at the ti	me, data	and place	and dua	to the cause(a)	and mann	oer an stat	ed.	
NO.	one) 2 MEDI	CAL EXAMINER	t: On the beels of a	camination and/or i	nveatigatio	n, in my o	pinion, d	eath occur	red at the	time, data and	place, and	due to th	e cause(a)	) end manner ee stated.
B	296. SIGNATURE AND TITLE	OF CERTIFIER							ENSE NUM					(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITER	1 27) (Type	Print)		07	207	7			1-10	-96
	5. ZAI	D1, 1	ND.	801			HOC	15E	-	FRE	D	217	101	
	31. DATE FILED (Month, Day, )	(bar)	-	R'S SIGNATURE			14 1	D	4 -	FRE	~, ·			
	1/10/96		JAN	10 55	0	فالمداد	A KARATA	LOA-MO	dall	lt.				



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after cleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

1/1 Pages 1, 2, 3 should 1

	1 - FOR REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM	/	Mack			MONT	E OF DEATN		EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 248-28-5092	1X M 2 🗆 F 8	8 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	Apr	th, Day, Year)	6. BIRTHPLACE (State or For 1914 Bishipville,		
TOR	90. FACILITY NAME (If not institution, give stri  Group Home—5625 E.  RESIDENCE OF DECEDENT				am, Mar			9c. COUNTY Prin		eorges
DIRECTOR		N/A		TOWN OR LOCAT	11					d. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	1321 Orren Street	t #1 NE			10g. CITIZEN OF WHAT COUNTRY? United States					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 33 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	13. WAS DEC	or No 14	14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	Ille. Do NOT use	rk done during mo retired.)	st of working	160	b. KIND OF BU			
OMF	17. FATNER'S NAME (First, Middle, Last)	Rail Car Cleaner Railroad								
ш	Marcus Mack	16. MOTHER'S NAME (First, Middle, Maiden Surname) Ella March								
10 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)								
۲	Lear Mack	230 SSER BETECE RE Washington, D.C. 20019								
	20s. METNOD OF DISPOSITION  1 Burisi 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	val from State cemete	LACEAND DATE OF	DISPOSITION (Na or place) Cen	me of netery	1/6	-	cation - cin		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Alexander S. Pope Funeral Homes 2617 Penn Ave SE Washington, DC 20020									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Onset and Dasti								Interval Batween Onset and Daath	
¥	PART II. Other algnificent conditions	contributing to death but	not reaulting in	the underlying	cause given	n Part I.	24a. WAS AN PERFOR	RMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	ПИОГ	UNCERTA	IN PT			1 [	YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH	(Check only one)	-/					
Ě	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (		5 TResidenc	T - **	SCRIBE NOW I	NJURY OCCUR	IEO.	
à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be	(Month, Day, Year)  28a. PLACE OF INJURY	CATION (Street							
	5 Suicide 6 Could not be determined	building, etc. (Specify)	, and a second	ort, metory, orner			or Town, State)	ind Number or	HUNEI HOUR	number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI EXAMINER:	IAN: To the best of my knowled: On the basis of examination a	ge, death occurred	at the time, data In my opinion, d	and place, and d	ue to the ca	use(s) and mer a and place, an	nner se stated.	ause(s) an	d menner sa stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES  MGML 1  30. NAME AND ADDRESS OF PERSON WHO	Mujugn	n		D212	UMBER				onth, Day, Year)
	Augusto P. Rod	riguez M.D.	5009	Raybur	n Ct.	, Can	np sp	cings	, ME	20748
	JAN 17 1996	32. PEGIŞTRAR'S SIGNATU	Revall				×		-	à

ALLE - COS SATTING

fler death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Estate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	
HE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death, Page 6 may be retained by the hospital or attending physician.	HE FUNCTIAL CINECATAL Amer this sertificate has been signed by the attending physician and completely filled in by the funeral ed within 72 house after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFTANT, If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR	CTATE OF	MADVI AND	DEDAI	OTRACA!	r 05 U	FAITH AS	ND B	AFAITAL IIV	MENE	9	6	02	656	3
	1 - STATE REGISTRAR	SIALE OF	MARYLAND A				DEATH	170		NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	<del></del>							2. DATE OF DEA	TH		VEAR	3. TIME	OF DEATH	
	Kenneth R.	Myers							Jan. 1	3,	199	96	1:	25 PM	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)			IF UNDER 24 6	HRS.	7. DATE OF BIRT (Month, Day, Y	Н		8. BIRTI	HPLACE (	State or Fore	ign
	578 05 6889	1 XXM 2 □ F	86	YRS.	MONTHS	DAYS	HOURE M	AIN.	March 4	,19	09			gton :	D.C
	Se. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION					INTY OF C			
DIRECTOR	Crofton Convale	escent Ce	enter			Crof	ton				Anr	ne Ar	rund	el_	
REC	10s. STATE 10b. COUNT	Y	_	10c. Cl	ry, town (	OR LOCAT	ION	100						SIDE CITY MITS?	
	Maryland Anne	Arunde1			roft	on				1 🗆 Y	ES 2XXN	0			
AL	100, STREET AND NUMBER	101. ZIP CODE									10g. CIT	TIZEN OF	WHAT CO	UNTRY?	
H	1861 E. Queens C	ourt					21114				Un	ited	Sta	ates	
FUNERAL	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO 11 yes, specify Cuban, Mexican, Puerto Rican, etc.)  12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes of the specify Cuban, Mexican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of the specify Cuban, Mexican, Puerto Rican, etc.)							or No	14. RAC Blac Spec	k, White,	rican Indian atc.				
В	3 Widowed 4 Divorced	WWII	Palla Salla				X	,	No					nite	
ED	15. DECEDENT'S EDU (Specify only highest grade				S USUAL O		ON st of working		16b. KIND	OF BUSI	NESS/IN	DUSTRY		1.0	
	Elementary/Secondary (0-12)	College (1-4 or 5	100	e. Do NOT a	use retired.)										
MP	8		Во	okbi	nder				Pri	ntir	18			10.7	
E COMPLET															
TO BE															
	20a. METHOD OF DISPOSITION		20b. PLACE	_		_						- City or T			_
	1 A Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novat from State	cemetery, cr	emetory or	other plecel	)		1 /	19/96			148		land	
	21. SIGNATURE OF FUNERAL SERVICE LI	EUU	ns	The	22. R	name al	t E. I	of fac Eva		ral	Hon	ne, E	P.A.		
	23. PART i. Enter the diseases, or shock, or heart fellure.	complications th	at caused tha d	eath, Do									10	pproximat	
	iMMEDIATE CAUSE (Final disease or condition	P.	5+		+									nterval Bet Inset and	
	resulting in death)	A .	O (OR AS A CONSI		DF):	(									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. SUE TO	O (OR AS A CONST	DHE	MLO71 OF):	na							-		
SAT	cause. Enter UNDERLYING	. Leve	RECOVA	cuu	1R	Ac	C/No	200							
Ĕ	CAUSE (Disease or injury that initiated events		O (OR AS A CONSI												
F	reaulting in deeth) LAST	d.													
2													1		
AL	PART II. Other eignificent condition	na contributing t	o death but not	reculting	in the u	nderlyin	g ceuse give	en in	Part I. 24a. V	ERFORI	MEO7	24	AVAILA	BLE PRIOR T	0
8	-								10	YES 2	X NO		OF DE	ETION DF CA NTH?	USE
ME									_				1 🗆 Y	ES 2 N	0
ä	DID TOBACCO USE CONT	RIBUTE TO C	AUSE OF DE	ATH Y	ES 🗆	NO E	UNCER	RTAIN	4 D						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL/	CE OF OE	ATH (Check										
Si	1 - YES 2 - 40		☐ ER/Outpatiant	3 🗆 DOA	4 A Hu	rsing Hon	te 5 🗆 Resid	dence	6 Other (Spec	ily)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE C (Month,	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		28d. DESCRIBE	HOW IN	JURY O	CCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 N	NO							
0	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — AI P g, atc. (Specify)	nome, larm	, street, fac	ctory, offic	:0		28f. LOCATION City or Town		nd Numb	er or Rural	Route Nu	mber,	
Ē	29a. CERTIFIER	NOVA W		.555							_		_	-	-
MP	(Check only 1 BS CERTIFYING PHYS												(4) 4 - 7		
COMPLET	2 MEDICAL EXAMIN	En: On the basis of	examination and/o	r investigat	ion, in my	opinion,	seath occured	at the	time, data and pi	ace, and	dua 10	The Cause	(a) and IT	enner as sta	nad.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LICENS				29d. DA	TE SIGNE	O (Month,	Day, Year)	
0	& Cantrine	سي					D2	>/3	Y		<b>&gt;</b> /	115	196		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	HEE OF OFATH AT	EM 27) /5-	no Drint)							1 7			

COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Carol A. Pressey M.D. #3 Village Green Crofton Md. 21114

31. DATE FILED (Month, Dey, Year)

JAN 17 1996

JAN 17 1996

Section 1981 Section 1981

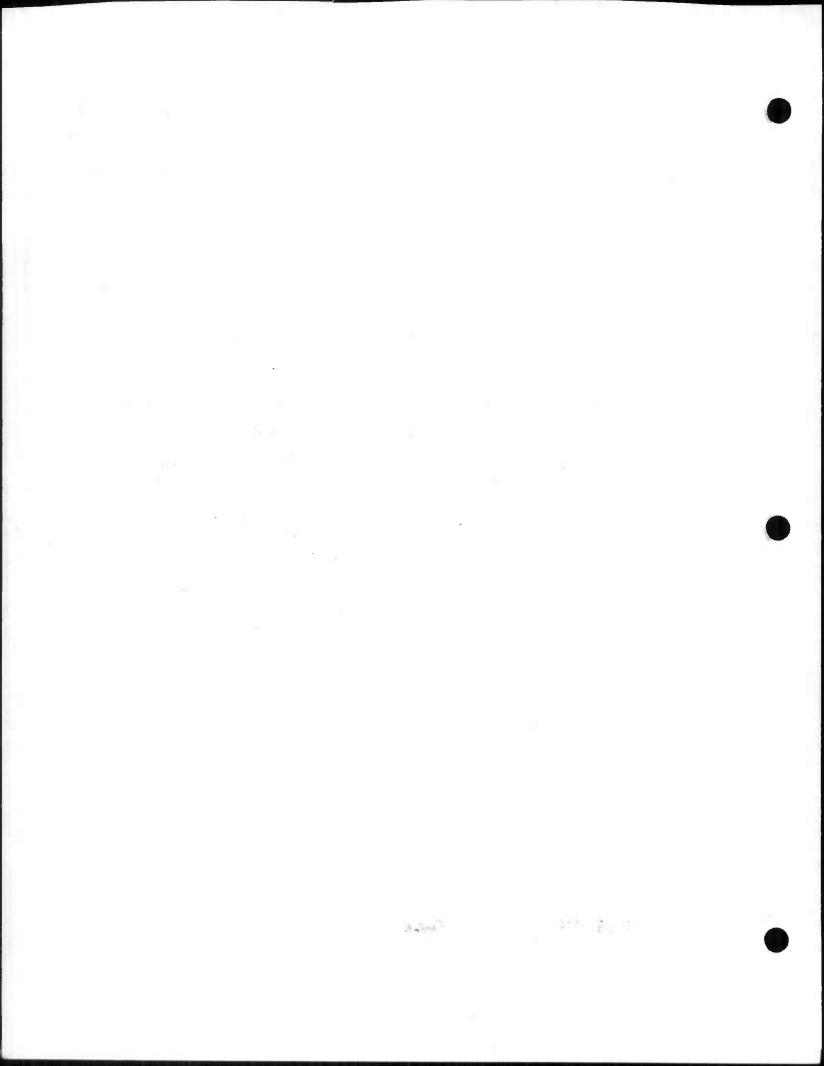
	3 should		
	1, 2,		
	2ages		
uted within	attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT If Hen 28 is marked, or Hen 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	1		1

	FOR STATE REGISTRAR	STATE OF MAR			RTMENT				MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		100	3. TIME OF DEATH
-4		Loretta	G. M	ligli	acci	)			Janu	ary 7,	199	6	12:24P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lesi		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	137-14-8091	1 □ M 2 XX 81		YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	n. Day, Year) 1 18,1	914	Pen	nsylvania
	9e. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN	OR LOCATION	ON OF D		.10,1		NTY OF D	
DIRECTOR	Calvert County Nu	rsing Cente	r		Pri	nce	Fred	eric	k		Ca1	vert	
<u> </u>	10e. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
5	Maryland Calve	rt		St.	Leon	arc	ł						LIMITS?
	10e. STREET AND NUMBER				2001	- 4	f. ZIP CODE	E			WHAT COUNTRY?		
FUNERAL	6281 Quarles Rd.						2068	5			11	SA	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. \	WAS DE			NIC ORIGIN	17 (Specify Yes	_	14. RAC	E — American Indien.
	1 Never Married 2 Married	Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Block							k, White, etc.				
BY	3 X Widowed 4 Divorced	reed   TES 2 XX NU Specify:									Whi		
COMPLETED	15. DECEDENT'S EDU	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
E	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)	running III	Dat OF WORKS	v	- 1				
린	12th		Hom	emak	er					at ho	ome		
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BEC	Antonio Arcesi						J	oser	hine	Mar	chio	ne	
	19e. INFORMANT'S NAME (Type/Print)		19t	. MAILING	ADDRESS	(Street				ber, City or Tow			
유	Esther M. Sirna		S	ame	as it	em	10						
	200_METHOD OF DISPOSITION 2\alpha Burlel 2 \Box Cremetion 3 \Box Rem	n. s. 1	20b. PLACE	AND DATE	OF DISPOS	TION /N	ame of		DAT	E 20c. LO	CATION —	City or To	own, State
	4 Donetion 5 Tollier (Specify)	oval from State	Stery, cI	gnat	Tus"(	Chui	ch C	em.į	/17/	96 0x	on H	il1,	Md.
	21, SIGNATURE OF MINERAL SERVICE LIC									neral	TT		
	* Bu P. K	ales .			616	orge 60 (	e P. Oxon	kala Hill	l Rd.	0xon	Home Hill	, Md	. 20745
	immediate Cause (Final Onset an							Approximate Interval Between Onset and Death 2 days					
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiatad events resulting in death) LAST	DUE TO (OR A			•								
PHYSICIAN: MEDICAL (	PART II. Other significant condition	s contributing to daet	h but not r	esuiting	in the un	darlyir	g ceuse	given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	241	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN												
¥	25. WAS CASE REFERRED TO MEDICAL				TH (Check								
SIC	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHER	t:	ne 6 🗆 Re	eldence	B C Othe	ar (Specify)			
Η	27. MANNER OF DEATH	26e. DATE DF INJU	RY	26b, Til	AE OF	28c. IN	JURY AT			SCRIBE HOW	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Yea	ar)	IN	JURY		YES 2	ND					
BY	2 Accident investigation 3 Suicide 6 Could not be	26e. PLACE DF INJ		me, tarm,	etreet, tect	ory, offi	ce		261, LOC	CATION (Street	end Numbe	r or Rural	Route Number,
	4 Homicide 6 Could not be determined	building, etc. (	Specify)						City	or Town, State			
COMPLETED	onel A	ICIAN: To the best of my k											e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						-						
BE	THE OF CERTIFIE	1. B.	++	. 7				ENSE NU	MBEH				(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	D COMBI ETED CAUSE OF	e11 1	4.1	B Dweet		D25	126			J	anua	ry 9, 1996
					rant)	ah	Ма	204	557				
	Charles Bennett 11845 H.G. Trueman Rd. Lusby, Md. 20657												

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	2, 3 should		
	Pages 1, 2		
HE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MRECTOR: After this	ad within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlai, cremation, or removal,	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	2	2	Œ

	FOR 1 - STATE REGISTRAR	STATE OF MAI		/ DEPAR					MENT	AL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL					E OF DEATH			3. TIME OF DEATH		
(1)	JERRY TIMO	THY MA	RTIN						J	inuary	12,	1996	12:40 ам		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign		
3	237-20-7796  9a. FACILITY NAME (If not institution, give s	1 M 2 F	72	YRS.				ION OF DE		R 22 19	-	NOR?	TH CAROLINA		
TOR	DOCTOR'S HOSPITA	AL			LAN	MAH					PRI	NCE (	GEORGE		
DIRECTOR	10a. STATE 10b. COUNTY MD PRING	CE GEORGE			Y, TOWN C								10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER	on ononon					ZIP COD	DE			10g. Cl	TIZEN OF V	VHAT COUNTRY?		
ER	6500 RIGGS ROAD					2	0783				U.	S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EX FORCES? 1 I	YES 2	NO NO		If yes, sp		en, Mexica	in, Puart	iN? (Specify You o Rican, etc.)	es or No—	Bleck	14. RACE — American Indian, Black, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY															
COMPLET	Elementary (9-12) College (1-4 or 5+) PLUMBER FEDERAL GOVERNMENT									ENT					
Š I	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	ME (First	, Middle, Maide	n Surname)				
BEC	BUD MARTIN						MED	DY H	AMS	ON					
TO B															
F	DAVID CLAYBROOKS	(NEPHEW)		223 0	GLET	HROP	E SI	REET	, N.	E. WAS	H,D.C	. 20	011		
	20a. METHOD OF DISPOSITION  1 Burlel 2X Cremetion 3 Ramoval from State  4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGHNEE  20b. PLACE AND DATE OF DISPOSITION (Name of NORTHERN) VIRGINIA CREM JAN 13/96 ARLINGTON, VA.  21. SIGNATURE OF FUNERAL SERVICE LIGHNEE  22. NAME AND ADDRESS OF FUNERAL HOME INC.														
	nel.	1300	276		3	447	14TH	STR	EET	, N.W.	WASH,	D.C	. 20010		
	shock, or heert fellure. List only one ceuse on each line.								Approximate interval Between Onset and Death						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONS		K	es A	fii.	adi	in	or Gas Gran	·lui e)	e	10 day		
PHYSICIAN: MEDICAL C	PART il. Other aignificent condition	ns contributing to de	eth but no	t resulting	in the u	nderlyin	g ceuse	given in	Pert i.		PAMED?	246	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
∑ 	DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF DE	ATH Y	ES 🗆	NO [	] UN	CERTAI	NX				1 NES 2 NO		
NA NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DE	-										
Sic	1 VES 2 NO	HOSPITAL:	R/Outpatient	3 DOA	4 Nu		e 5 🗆 F	Residence	8 🗆 01	ther (Specify)					
	27. MANNER OF DEATH  t M Netural 5 Pending Investigation	28a. DATE OF IN. (Month, Day,		28b. TII	ME OF JURY M	W	URY AT PRK? YES 2	□ NO	28d. C	DESCRIBE HOW	INJURY O	CCURED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF In building, atc.	NJURY — At . (Specify)	homa, farm,	atreat, fac	tory, offic	•			OCATION (Streetly or Town, State		er or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my ER: On the basis of exam											a) and manner es stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE							CENSE NU			_		(Month, Day, Year)		
TO BE	A- O UUM	Helen	CC				9	128	4		<b>&gt;</b>	1.13	96		
	Dr. Moshyedi	7305	Hano	ver		Kω	ay	Su	te-	A	Gra	inb	elt, md.		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE	100											



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene o

PRINCE (Constituted to the law requires that the death certificate be seen signed by the attending physician and the funeral director, page 2 should be filled within 72 hours after death with the Manyandra period of 10a. State 10a. State 11a.	M M M M M M M M M M M M M M M M M M M	MAURICE street and numb HOSPI	per) TAL	MANGUM		4b. City, Town, or Lo	2. Data of Deat JAN  cation of Daath	06 1	9 <sup>4</sup> 9 <sup>8</sup> 6 3	Tima of Death
At a. Fecility Name (If in PRINCE (If in Prince in Princ	not institution, give GEORGES  mber 6. Se 12  Decedant 10b. County	e street and numb HOSPIT	per) TAL			\$b. City, Town, or Lo	cation of Daath			
Director  Note that the death certificate be associated by the attending Physician and the function of the fun	Decedant 10b. County		Age (In ure	PRINCE GEORGES HOSPITAL					of Death CE GEO	RGES
Attending Physician:  The case of Second 11. Waryland 11.	10b. County		20		Indar 1 Year nihs Daya	if Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, Aug. 10	Year) ,1975	9. Birthplaca Country) Wash.	(State or Foreign
Attending Physician    Compose	MD Prince Georges Bladensburg									nsida City Limits
Attending Physician  Trilla W.  Some transition of physician and physician and physician and physician and physician are the the third physician and physician are the physician and physician and physician are the physician and physician are the physician and physician and physician are the physician are the physician and physician are the physician and physician are the phy		eorges	Bla							X Yes 2 □ N
Attending Physician    Case   Comparison   Case   C		oad #602		1	7. Zip Coda 20710		1	0g. Citizen of V USA	What Country?	
Attending Physician  Trilla W.  Some transition of physician and physician and physician and physician and physician are the the third physician and physician are the physician and physician and physician are the physician and physician are the physician and physician and physician are the physician are the physician and physician are the physician and physician are the phy	d 2 Married	12. Was Decede Armed Force 1  Yas 2 It Yas, Giva Yaar or Data	ent Ever in U, es? ☑ No	,S. 13. Was E		fispanic Origin? (Spe an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)			dian,
Attending Physician  Attending	5. Decedant's Edu	lucation	10.	16a. Decedant's	Usual Occup	ation	-	16b. Kind of Bu	Black usinass/Industry	y
Attending Physician  Nedgarh.  Second Matthod of Dispose 1 and 2 should be fill cation. The law requires that the death centificate has been signed by the attending physician and mental management. If lead to repeat the pulliar that the property of the attending physician and mental management. If the a strain of point in the property of the pulliar that the property of the prope		Coilege (1-4	or 5+)	Salespe		during most of worki	ng ]	Kirby V	accum (	Cleaner
Physician  //Medical Examiner  Immediata Causa (Find the death)  Immediata						18. Mothar's Nema			ne)	
Physician  //Medical Examiner  Immediata Causa (Find the death)  Immediata		Type, Print)		19b. Mailing Ad	drass (Street	and Number or Rura			State. Zip Cod	ie)
Physician   Medical Examiner   Medical Examiner   Medical Examiner						s Rd.,Bla				-,
Physician  //Medical Examiner  Immediata Causa (Find the death)  Immediata		Removal from Str	20b. P	Place of Disposition cemetery, crematory	(Name of y or other place	ca)	Data	20c. Location -	City or Town,	State
Physician   Medical Examiner   Medical Examiner   Medical Examiner	Othar (Specify)	1)	Ft.	. Lincoln					ood, M	)
Physician /Medical Examiner  Immediata Causa (Finds and Condition and Co	mac	shel	ll	4308	Suit1	ss of Facility Funeral and Rd.,	Suitlan	d, MD 2	20746	
Attending Physician: The law requires that the death centre of the sector: After this cartificate has been signed by the attending the funeral director, page 2 should be detected for use by the funeral director, page 2 should be detected for use by the funeral director.  Description:  Descriptio		a. 1+	Dua to (or	Taju or as a consequence or as a consequence	a of):					
Attending Physician: The law requires that the detector. After this cartificate has been signed by the edge of the pyther funeral director, page 2 should be detected by the funeral director, page 2 should be detected axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.  The pyther funeral director axaminar.	st	d	Dua to (or	r as a consequance	a of):					
Attending Physician: The law strength of the fundamentary of the f	ant conditions cor	intributing to deat	h but not resu	ulting In the underly	ring causa giv	an in Part I.		ee 25 No	ntribute to the	cause of death
Attending Physician  Attending							24a. Was a perion	n autopsy ned?	availebl	utopsy tindings e prior to tion of cause 1?
Attending Physical Control of the Co	d to medical						194		1 <b>9</b> Yes	2 □ No
27. Mannar ot Death 1 Natural 2 Accident 3 Suicida 3 Suicida 4 Disprised		Hospital: 1 □ Inp	atiant 2	ER/Outpatient 🔏	DOOA Oth	26. Place of Daath	ma 5 ☐ Rasida		ar (Specify)	
Attended and American and Ameri	5 Pending	28a. Data of I	Injury Day Year)	28b. Tima of Injury	28c. Injur Wor		28d. Dascribe ho		red Occu	1
V 5 5 4 Homicida	Invastigation 8 Could not be	-	96	221 PM				-aus	colli3	`
pario	datarmined	28e. Place of building,	atc. (Specify	ome, farm, atreat, fa			28f. Location (St City or Town	n, State)	P. G.	(ourla
To 29a. Certifier 1[ (Check only 2[ one)]			s of axaminet	wledge, daath occu	irred at tha tin	na, data and placa, a pinion, daath occurr			enner as stated	
## 29b. Signatura and titl		M	/,		29c. License		2	9d. Data signe	d (Month, Day,	Year)
30. Neme and address			1		O.C.	M.E	J.	ANUARY	07,19	196

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BE COMPLETED BY FUNERAL DIRECTOR

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FILEDICIAL INC JAM ISQU	is certificate has	with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
=	32.	F
Ľ	#	3

the medical examiner must be notified at once,

or item 23 shows any injury, or other traumatic event,

IMPORTANT: If Item 28 is marked,

BE

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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

								70	02002		
1 - FOR STATE REGISTRAR	STATE OF MA			TMENT OF		MENTAL HYGIEN					
t. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH		
FRIEDA	ELIZABETH	MEH	ALIC			January	12.	1996	12:35 am		
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign		
578-26-2907	1 □ M 2 🎇 F	83	YRS.	MONTHS DAYS	HOURS MIN.	Sept. 14,	1912 West Virginia				
9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN					EATN		
Doctor's Community Hospital				Lanham			Prince George's				
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	ν		10c CIT	Y. TOWN OR LOC	ATION				tod. INSIDE CITY		
	LIMITS								LIMITS?		
10e. STREET AND NUMBER					10t. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
22 Ridge Road -	Apt. #119				20770			5.A.			
t1. MARITAL STATUS  t Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas It yes, specify Cuban, Maxican, Puarto Rican, atc.)  1  YES 2 NO Specify:			or No- 14. RACE — American Indian, Black, White, aic. Specify: White				
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPAT	TON nost of working	16b. KIND OF BU	SINESS/IN	DUSTRY			
Elementsry/Secondary (0-12) College (1-4 or 5+)  8 Clerk					Private Industry						
17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)				
Artie Liston					Daisy Mae Wringer						
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING				G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Doris Rusak			5532	Karen E	laine Dr	ive #1731,	New	Carr	ollton, MD		
20a. METNOD OF DISPOSITION 1 Grant 2 Comment	noval from Stata			of disposition (		/16/96 Ale		clly or To			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0 0		22. NAME	AND ADDRESS OF FA	CILITY		1 11-	D A		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Clarks F. Bell 1  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home 4739 Baltimore Ave., Hyattsville,											
23. PART 1. Enter the diseases, or shock, or heart failure.	Complications that	sused the de	sth. Do	not enter the π	ode ot dying, suc	th as cardled or resp	iratory ar	rreat,	Approximata Interval Between		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 1	OUKO	m		-7 4	1 00			Onset and Death		
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	С.	OJ (		re).	mal	aleean	Ing		36 lis		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  d										

26. PLACE OF DEATN (Check only one)

WAS AN AUTOPSY PERFORMED? t TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO I UNCERTAIN X 25. WAS CASE REFERRED TO MEDICAL

1 TYES 2 NO	1   Inpetient 2   ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 🗆 Rasidenca	8 Other (Specify)
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED
3 Suicide 6 Could not be	28a. PLACE OF INJURY At he building, atc. (Specify)	oma, larm, streat, fac	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the beals of examination and/or in death occured at the time, data and place, and due to

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

91284

OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type

4 🗌 Homicide

moshyd: Parkwa 7305 Hansver Greenbelt

THAT IS NOT THE STANK

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR	OTALE OF MARITE	CERTIFIC		F DEATH	MENIN	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH		3.	TIME OF DEATH
CHER	44	MA	NLA		JA	NUARY		76	1033 AM
4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE	-	UNDER 1 YEAR	R F UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	ICE (State or Foreign
577-82-7515	□ M 2 🔀 F	25 YRS. M	ONTHS DAY	S HOURS MIN.	8/	77770	W	ashi	ngton,
9s. FACILITY NAME (If not institution, give stree	t and number)	9	b. CITY, TOW	N OR LOCATION OF DE			9c. COUNTY		
SOUTHERN 1	MHAY /MND	HOSPITHU		Che NTO	.)	1	De.	CE-	Camil-
RESIDENCE OF DECEDENT	77779 777108	TICSPITAL		- MANO	<i>N</i>		1141	CK-	SECRE.
10s. STATE 10b. COUNTY			OWN OR LO					104	d. INSIDE CITY
MD Prince	George's	5	For	restvill	e			12	YES 2 NO
10. STREET AND NUMBER 6112 Cedar Pos	st Drive			10f. ZIP COOE 207	47		10g. CITIZEI	US	COUNTRY?
11. MARITAL STATUS 1:	. WAS DECEDENT EVER I			DECENDENT OF HISPAI			or No — 14	. RACE —	American Indian,
1 X Never Married 2 Merried	FORCES? 1 YES			specify Cuban, Maxica		Rican, atc.)		Black, W	Black
3 Widowed 4 Divorced			''	LO ZE NO Opacii	y.			эрвину.	2240,1
15. DECEDENT'S EDUCAT (Specify only highest grade col	TON trolleted)	18e. DECEDENT'S US (Give kind of wor	UAL OCCUPA	ATION	168	. KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	etired.)	-					
12th		Но	memal	ker		P	riva	te	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Maiden S	urname)		
Morris Eugene	Manley			Gen	eva	Ovell	a Br	own	
19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural					
Morris Manley/	'Father	6112	Cedai	r Post D	r, E	Corest	vill	e, N	ID 20747
20s. METHOD OF DISPOSITION		. PLACE AND DATE OF		(Name of	DAT	E 20c. LOC	ATION — CIT	y or Town,	State
1 X Buriel 2 Cremation 3 Remove 4 Donation 8 Other (Specify)		netery, cremetory or other Harmonv	r place) Memoj	rial Par	k1/-	0/96	La	ndov	ver, MD
21. SIGNATURE OF FUNERAL SERVICE LICEN		I CLE III CLEY		ANO ADDRESS OF FA					
Muawana	H. Bru	Wton		8. Jenki 74 Lando					20785
23. PART I. Enter the disasses, or conschools, or heart fellure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	MASSI	ach line.		mode of dying, aud					Approximata interval Between Onset and Dauth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):							
PART II. Other significant conditions	Contributing to deeth I	out not resulting in	the underly	PERFORMED? AMAILAE COMPLIA  1 YES 2 □ NO OF DEA					RE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
DID TOBACCO USE CONTRI	BUTE TO CAUSE C				NZ			7	Q TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSPITAL:	28. PLACE OF OEATH	(Check only o	one)					
1 YES 2 NO	Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing I	Home 5 - Residence	T				•
27. MANNER OF DEATH  Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJUR	TY .	INJURY AT WORK?	28d. OE	SCRIBE HOW IN	JURY OCCU	RED	
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm, atr	et, fectory, o	office		CATION (Street ar or Town, State)	nd Number or	Rural Rout	e Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know								nd menner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER	MD A	HEND	ING	29c. LICENSE NU	MBER 44	3/		SIGNED (MI	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type P	nint)	12-1	1 1	76			
	00 # 2			MD 206					

AMERICAN SERVE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 02664 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Year 96 MOORE EdWARd 8:30 Pm JAN 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth HOSPITAL MONTGOMERY SUBURBAND BETHESDA

7. Age (In yrs. last birthdey)

Yrs.

Bethesda

10c. City, Town or Location

23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory erreat, shock, or heart feilure. List only one cause on each line.

Due to (or es e consequence of):

Due to (or es e consequence of)

66

12. Was Decedent Ever In U.S. Armed Forces?

College (1-4or 5+) College-3 years

XXYes 2□No If Yes, Give Yeer or Detes: PL550

**X**M 2□ F

If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min.

Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

Deys

10f. Zip Code

1 ☐ Yes XX No

Minister

20b. Plece of Disposition (Name of cemetery, crematory or other plece)
Metropolitan Crematory

20814

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

8. Dete of Birth (Month, Day, Year)

Sept.7,1929

18. Mother's Neme (First, Middle, Maiden Sumame)

Addie Lou Moore

12313 Galesville Drive, Gaithersburg, MD 20878
se of Disposition (Name of Dete 20c. Location - City or Town, Stele

House of Diggs Mortuary, 4906 Iverson Pl.

26. Plece of Deeth (Check only one)

1/14/96

22. Name and Address of Facility Temple Hills, Maryland 20748

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

**Examiner Funeral Director** 

**Physician** 

/Medical

5 Sociel Security Number 240-30-0575

10e. Street and Number

11. Meritel Stetus

10a. Stete

Director

Funeral

þ

Completed

Be

240-30-0674

Usuel Residence of Decedent

10b. County

Maryland Montgomery

5721 Grosvenor Drive

15. Decedent's Education (Specify only highest grade completed)

Lou Wellington James Moore

1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State

Charles C. Fliggs

1 Never Married 2 Married

3 ☐ Widowed 4 ☑ Vivorced

Elementery/Secondery (0-12)

20e. Method of Disposition

Immediate Cause (Final disease or condition resulting in death)

Sequentietly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last

25. Was case referred to medical examiner?

29b. Signature and title of ceglifie

5 Pending Investigation

8 Could not be determined

1 ☐ Yes Z No

27. Menner of Death

Neturel

2 Accident 3 Suicide

4 I Homicide

29a, Certifler

17. Fether's Neme (First, Middle, Last)

19e. informent'a Neme/Reletionship (Type, Print)

Cynthia Featherson

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funerei Service Licensee

the Maryland 28a-f show 7 is marked other than "naturel", or Items 23s or 28s-f shor traumstic event, the Markest Examiner must be notified at Items 23s

filed within 72 hours after death v Hygiene. ther than "naturel", or Items 23. Peges 1 and 2 should be fill ment of Heelth and Mental H ant: If item 27 is marked oth Department of Heelth e important: If item 27 is any injury or other tra

Physician /Medicai Examiner

The lew requires that the death certificate be executed and ettending physician a for use as the burielsigned by I s certificate hes t director, page 2 s this After death.

Examiner Physician/Medicai þ Completed Hospital or Attending Physician: Be 2 Certification: Medical

Division of Vital Records, P.O. Box 68760 To the Hospital or Attendir within 24 hours efter death.
To the Funeral Director: All completely filled in by the fu

DRIFLIUT 31. Dete filed (Month, Dey, Year) State

CONDSTERM, 9410 OLD GEORTOWN

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.

1 Impetient

28e. Dete of Injury (Month, Day Year)

29c. License number D03581

\*\*Cortifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end manner as ateted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, and due to the ceuse(s) and manner steted. 29d. Dete signed (Month, Day, Year)

28f. Location (Offeet end Number or Rural Route Number, own, State)

9. Birthplece (State or Foreign Country)

10d. Inside City Limits

XXX Yes 2 No

Wayne Co. N.C.

10g. Citizen of Whet Country?

U.S.A.

Rece - American Indian, Bleck, White, etc.

Alexandria, VA 22310

23b. Did tobacco uss contributs to the cause of death?

24e. Wes an autopsy performed?

28d. Describe how injury occurred

RD

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

Yss 2 No 3 Probably 4 Unknown

24b. Were autopsy findings avellable prior to completion of cause of death?

1 🗆 Yes

ETHESDA, MD

Specify: Black

16b. Kind of Business/Industry

Self Employed

5517 Vine

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

32 Registrar's Signeture

2 ER/Outpetient 3 DOA

28b. Time of

28e. Plece of Injury - At home firm, street, fectory, office building, etc. (Specific

1 Yes 2 No

Registrar

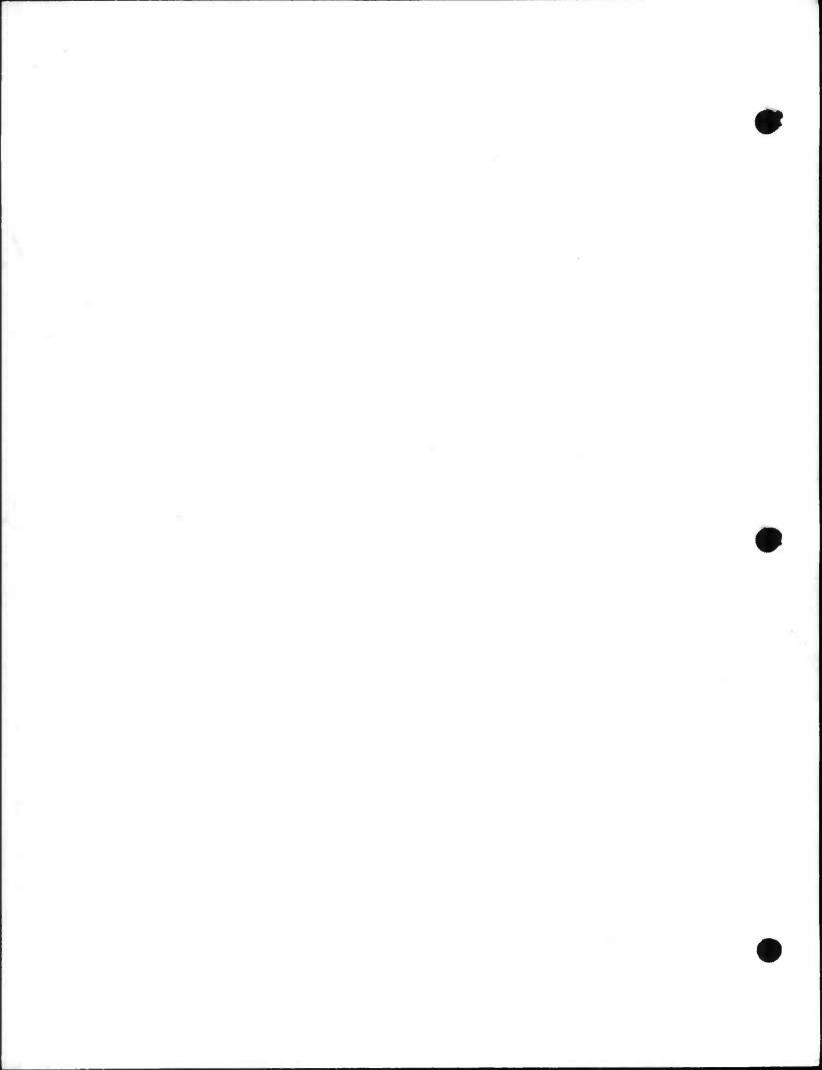
**DHMH 16 Rev 6/95** 

-30-05-

was the first of the contented

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE PUNETAL URECION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be much mith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
	DELPHINE	BROOKS N	ORTH				13, 1990				
		SEX 6. AGE (	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0. BI	RTNPLACE (State or Foreign untry)					
	299-36-2730 1  9e. FACILITY NAME (If not institution, give street	□ M 2× F	53 YRS.	NTHS DAYS		Sept. 16,		eorgia			
Œ	8820 Eureka Lane		91		ersville	EATH	9c. COUNTY O				
<u> </u>	RESIDENCE OF DECEDENT			Walke	SISVIIIE		Frede	erick			
DIRECTOR	Maryland 106. COUNTY	Frederick	10c. CITY, T	OWN DR LOCAT			10d. INSIDE CITY LIMITS?				
	100, STREET AND NUMBER				sville			1 YES 2 NO			
RA	8820 Eureka Lai	ne		101	21793		United	F WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN		ACE — American Indian,							
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	It yes, sp	2 NO Specifi	n, Puerto Rican, etc.)	8	lack, White, etc.			
					/-			Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	npleted)	(Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	Y			
PLE	Elementary/Secondary (0-12) C	college (1-4 or 5+)	Sales As	,	e	Busi	necc	10-0			
O.	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meiden					
BE C	EDDIE J. I	BROOKS			MARTHA						
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street a		Route Number, City or Tox	vn, State, Zip Code)				
-	MICHAEL NORTH					alkersvil					
	20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removet	from State ceme	PLACE AND DATE OF D stery, crematory or other	place)	me of		CATION — City or				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS		Memory Ga		ID ADDRESS DE FA	1/20 Arca	adia, Oh	110			
	Van 1		_	1		Stauffe					
	23. PART 1. Emp the diseases, or com	TELESTAN THAT ASSESSED	the death De see	11621 C	possumto	wn Pike/ 1	Frederic	k,Md.21702			
	anock, or heart failure. List	only ona cause on as	ich ilna.	entar tha mo	da of dying, suc	h aa cardiac or reap	iratory arreat,	Approximate interval Between			
	iMMEDIATE CAUSE (Final disease or condition	AAntorbad	- ا ما	+	-			Onset and Death			
	resulting in death) a	e. Metastatic breast cancer  DUE TO (OR AS A CONSEQUENCE OF):									
Z											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A	CONSEQUENCE OF):								
2	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE DF):								
H	that initiated events resulting in death) LAST	DOE TO (ON AS A	CONSCOUENCE DY:								
	DARWY II. ON										
CAL	PART II. Other algnificant conditions co	ontributing to death bu	it not resulting in ti	he underlying	cause given in	Part i. 24s, WAS AN PERFOI		246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
-							I ND	COMPLETION OF CAUSE OF DEATH?			
						1  YES 2					
: MED	DID TORACCO LISE CONTRIR	LITE TO CAUSE OF	DEATH VEC		LINICEDTAIN			1 YES 2 NO			
IAN: MED	DID TOBACCO USE CONTRIB		F DEATH YES		UNCERTAIN						
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		25. PLACE DF DEATN (C	Check only one)		10					
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO 1 27. MANNER OF DEATH	OSPITAL: Inpetiant 2 ER/Outpe	28b. TIME OF	Check only one) THER: Nursing Home	5 Residence						
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	OSPITAL:   Inpetient 2   ER/Outpe   28a. DATE OF INJURY (Month, Day, Year)	Riem 3 DOA 4 28b. TIME OF INJURY	Check only one)  THER:  Nursing Homo F 28c, INJ WO 1	5 Gasidence  JRY AT RK7 ES 2 NO	8 Other (Specify)					
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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02666

						Certific	ate of	Death		Reg. No.	0	160	900
Dh	alalı		1. Decedent's Nama (First, Middle, Las	st)			3		2. Data of De Month		Year	3. Tim	ne of Death
	ıysici: Medic		WILLIA						JANUARY	16 1	1996	10	):40 PM
9	camin		4a. Facility Name (If not Institution, give					4b. City, Town, or			ty of Death		1
			Prince Georg	-			1()	Cheve					rge's
	neral ector		370-00-3773	ex 7. Age (In yrs. Ia S M 2□ F 51		(rs. Mont	hs Days	If Undar 24 Hrs Hours Min		th ly, Year) 1, 194	9. Births Cour 14 We	placa (Stantry) G	ata or Foreign hana Africa
buel wo	11	-	Usual Residenca of Decedent  10a. State 10b. County		Town	or Location					1	10d. Insid	fe City Limits
Men,	Tiled	tor	Maryland Prin	ce George's			Che	verly			-	12	Yas 2□No
ath with the	wat be no	Funeral Director	10e. Street and Number 6311 Kilmer	Street				20785		10g. Citizen o	What Cour	ntry?	
5-0020 72 hours efter deeth with the Menyland natural, or items 23a or 28s-f show	Examiner must be notified at	by	11. Marital Status  1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S Armad Forcas? 1 □ Yes 2€ No If Yes, Give Yaar or Dates:	3.			Hispanic Origin? (9 an, Mexican, Puer Specify:	Specify Yas or No rto Rican, etc.)	Spec	aca - Amark lack, White, hify: B1		
15-00; 72 hours	deal	etec	15. Decedent's Ed (Specify only highest gra	lucation ide complated)	16a.	Decedent's U (Give kind of	sual Occup work done	pation during most of wo d)	orking	16b. Kind of	Businass/In-	dustry	
		Completed	Elementary/Secondary (0-12)	College (1-4or 5+)							Priv	rat.e	
	event, II		17. Father's Name (First, Middle, Last)	2+		Tec	hnic		me (First, Middle	Maiden Sums		400	
d be ental		To Be	Robert Nu						ristin		11.7		
, Maryland 212 end 2 should be filed with salth end Mental Hygiene.	trau		19a. Informant's Name/Relationship (1 Elizabeth Nuak					and Number or R er Stre					785
of Hen	or othe		20a. Method of Disposition  1 XBurial 2 Cremation 3 4 Donation 5 Other (Specify	Heliloval Holli State		Disposition (in crematory of Hil		Ce)	1/27	20c. Location	- City or To		
Balt Permit. Departs Imports	any injury o		21. Signature of Funeral Sarvice Licen	on of Bran	to	J.	B. J	ess of Facility enkins					00505
Physic /Med	_		23a. Part1. Enter the disease, or compshock, or heart failure. List only			ot enter tha n	node of dyli	ndover	ROAG,	rrest,	rer,	Approxi	20785 Imate I Between and Death
Exam	iner		Immediate Cause (Final disaasa or condition resulting in death)	a. Cardio	LQ as a c	Syl Lo	etory on:	Jan.	url				
petn:	ansit	Examiner	Sequentially list conditions	b. Sepsis a		onsequence	Jone	meno	J (2	9	-		
0, e exec ian en			Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury	covere	1 2	010	V	Jului	il de	Seri	15	Seue	alyone
W = 0	as the burief-transit	Medical	that initiated events rasulting in death) Last	U. Salar	as a c	onsequence	of):	0000	ne				
Box auth cert attendin	r usa	an/		d									
tha dea	ped fc	0	Part II. Other eignificant conditions co	ontributing to death but not result	ting In	the underlyin	ng cause giv	ven in Part I.	23b. Did	tobacco uss c	ontribute to	o the cau	use of death?
D	0	by Ph							1□	Yss 2□ No	3 Pro	bably	4 Unknown
VITAL RECORDS, PRICES. The learning to has been signed to		Completed b				17,23				an autopsy rmed?	av	ere autor vallabla prompletion death?	psy findings rior to of cause
I Rec The law	909	EOC							10	Yes 200 No	1[	□Yes	2 No
Vita lelan: sartific	ò	Be	25. Was case referred to medical examiner?					26. Place of De	ath (Check only	one)			
Of V Physic This cx	8	9	1 ☐ Yes 2 🕅 No	Hospital: 1□ Inpatient 2□ E	R/Out	patient 3	DOA Oth	ner: 4 Nursing 1	Homa 5 Resi	dence 6 □0	thar (Specif	(y)	
On o			27. Mannar of Death  ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. T	jury	28c. Injui Wor		28d. Describe	how injury occi	urred		
Or Attended Medical Streetor:	MA A A A A A A A A A A A A A A A A A A					M 1 ☐ Yes 2 ☐ No  m, street, factory, office 28f. Location			tion (Street and Number or Rural Route Number, or Town, State)			Num <i>ber</i> ,	
Hospital     24 hours     Funeral		edicai C	29a. Certifiar (Check only one)	ysician: To the best of my knowlinar: On the basis of examination and manner stated.	ledge, on and	death occurr Vor Investigat	ed at the tir	me, date and place opinion, death occ	e, and due to the urred at the time,	cause(s) and r date and place	nanner as s	itated. o the ceu	50(3)
To the To the	dwoo	-	29b. Signature and title of certifiar				29c. Licens	se number		29d. Date sign	ned (Month,	Day, Yes	er)
1			Bres.	Duman me	)		1218	189			1	17 .	96
0	/		30. Nama and address of person who c	completed cause of death (item 2	23a) (	Type, Print)	1501.	to 1 P	& Ch	everly	NO	20'	784
	Stat	е	31. Date filed (Month, Day, Year)	3. Register's Signatu	C	Sall.	1-4		1		1		

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) LEON MUNDY	OULD				JANUARY 23	, 1996	3. TIME OF DEATH 8:00 A M		
	4. SOCIAL SECURITY NUMBER 579-62-5634	VV	(In yrs. lest birthday) OO YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JUNE 4, 189	a Duty	TNPLACE (State or Foreign ntry) IRGINIA		
TOR	9a. FACILITY NAME (If not institution, give st CHARLES COUNTY NUF RESIDENCE OF DECEDENT			PLA PLA	ATA	EATH	9c. COUNTY OF	ARLES		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY MARYLAND CHAF		10c. CITY	WALDOR			10d. INSIDE CITY LIMITS? 1 - YES 2 X NO			
ERAL	100. STREET AND NUMBER 1088 DORSET DRIVE			101	20602		10g. CITIZEN OF WNAT COUNTRY? UNITED STATES			
ВУ	11. MARITAL STATUS 1  Never Married 2 Married 3 N Widowed 4 Divorced	2 Married  Divorced  FORCES? 1 YES 2 NO  IF YES, GIVE WAR OR OATES				IIC ORIGIN? (Specify Year n, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTI									
MPL	12 17. FATHER'S NAME (First, Middle, Last)	0 HOUSEWIFE OWN HOME								
BE CC	BOOTEN FELANDER GOODALL  18. MOTNER'S NAME (First, MIDDING LETITIA CAT							CALLISTER		
TO B	19a. INFORMANT'S NAME (Type/Print)  CHARLOTTE ANN HALL  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1088 DORSET DRIVE, WALDORF, MARYLAND 20602									
	20a METNOD OF DISPOSITION  1 Burial 2 Cremation 3 Remark  4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND DATE O			25, 1996	BRENTW(			
	21. SIGNAT ARE OF FUNDRAL SERVICE V. MGB MARK G. BROHA	Insee Paun		THE HI	ID ADDRESS OF FA	ERAL HOME,	INC.	20604		
CERTIFICATION	23. PART I. Enter the diseases, or canock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS)	A CONSEQUENCE OF	): 	Dal	solve.	story arrest,	Approximate interval Between Onaet and Death		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  PERFORMED?  1 YES 2 X NO  24b. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  UNCERTAIN									
CIAN	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	26. PLACE OF DEAT		UNCERTAII					
	1 VES 2 NO  27. MANAER OF DEATN  Netural 5 Pending Investigation	t   Impatient 2   ER/Out	patient 3 DOA	4 X Nursing Nom E OF 28c. INJ URY WO		8 Other (Specify) 28d. DESCRIBE NDW IN	/ INJURY OCCURED			
TED BY	2 Abcident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, tarm, street, tactory, offica building, etc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						al Route Number,		
BE COMPLET	n n n l	CIAN: To the best of my know				time, date and place, and	due to the caus	ED (Month, Day, Year)		
TO	30. NAME AND ADDRESS OF PERSON WN				4104	20629		RY 23, 1996		
	24 DATE BUILD (March Day March	ATE FILED (Month, Day, 18er)  JAN 2 4 1996  32. REGISTRAR'S SIGNATURE  JAN 2 4 1996								

DHMH-16 Rev 1/89

funeral director, page 5 should be detached for use as the bunial-transit

filled in by the fundant or removal.

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DIVISION OF VITAL F	8
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH January 20 19996 4:30 PM Ethel D. Orders 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) N. Carolina MONTHS DAYS HOURS 1 M 2 X F 192B 72 VDS 242-18-1628 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR Anne Arundel Chesapeake Manor Nursing Home Arnold 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 TES 2 X NO Anne Arundel Arno1d FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21012 U.S.A. 305 College Parkway 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Merried 2 Merried If yee, specify Cubsn, Mexican, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 YNO Specify: B 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Furniture Factory 12 +Employee 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) at Beulah Talbert Paul Moses BE notified ; 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 1404 S. Pennington Ln. Annapolis, MD 2140 Gary Orders Mr. pe 20e. METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must Bethel Baptist Church Morgantoon, N.C. examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Barranco \* Sons Funeral Home 21146 495 Ritchie Hwy. Severna Park, MD (James Sa medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert feilure. List only one ceuse on eech line. Onset and Death IMMEDIATE CAUSE (Finei Ryan the disease or condition 3 TRON event. recuiting in desth) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reculting in deeth) LAST 6 PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I.

Drevnas Cerebro Varcular Heerden's 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 LHO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Bettieret 5 Pending 14 1 YES 2 NO BY 2 Accident Investigation E FUNERAL DIRECTOR: Afri J within 72 hours after dea RTANT: If item 28 is n 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, data end piece, and due to the ceuse(e) and manner es stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 296 SIGNATURE AND TITLE OF CERTIFIER thendung Doctor 띪 D21684 × 1-22-96 0 1600 CRAIN AWY, GLENBYRNIZ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C-V. CYRIAC. M.D 32. REGISTRAR'S SIGNATURE Studenharbett IAN 25 1996

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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r Foreign							
s							
ON D							
Y7							
indian,							
190. INFORMANT'S NAME (Type/Print)  Christy L. Crotty  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8610 Dangerfield Road, Clinton, MD 20735							
1 X Burial 2 Cremation 3 Removal Irom State   4 Donetion 5 Other (Specify)   Maryland Veterans Cemetery   1/18/96 Cheltenham, MD							
dmata I Between							
and Death							
1110]							
7703							
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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 6876

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M IMPORTANT: If IR

Ħ notified must be examiner medical 6 cremation, event, the prior to burial. traumatic pue the attending physician Mental Hygiene prior to HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Injury, or other signed by t Health and shows any certificate has been in the State Dept. of H 23 Item 6 this c marked, After death DIRECTOR: A hours after of item 28 is 49

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1 - FOR STATE REGISTRAR	STATE OF MAR		EPARTMI RTIFICA				MENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S MANE (First, Middle, I	7	Ou	vens				DATE OF DEATH DA	199	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-50-8738	100	GE (In yrs. lasi bi	rthday) IF U	NDER 1 YEAR THS DAYS	HOURS	24 HRM.	7. DATE OF BIATH (Month, Day, Year)  JAN. 7, 19	29	Coun	HPLACE (State or Forestry) GINIA
9a. FACILITY NAME (If not institution, s 6958 WALKER MI RESIDENCE OF DECEDEN				PITOL			ATH		KINC	DEATH E GEORGES
10a. STATE 10b. CO		1	CAPI	TOL H		rs				10d. INSIDE CITY LIMITS? 1 X YES 2 N
100. STREET AND NUMBER 6958 WALKER M	ILL ROAD #C2			1	2074	_				WHAT COUNTRY? STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO	D	If yes, s			IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-		CE — American Indian, ck, White, atc. city: BLACK
15. DECEDENT'S (Specify only highest		(Give	DENT'S USU	ione during n		ng	16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)  1 year		ENTRY		RATOR		FEDERAL	GOV	ERNM	ENT

□ NO ٧7 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, CATHERINE MATILDA ATKINS WILLIAM ALFRED CLARK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 10413 WYLD DRIVE UPPER MARLBORO, MARYLAND 20772 VERNON OWENS 20e. METHOD OF DISPOSITION
XIX Burlal 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata LANDOVER, MARYLAND Donation 5 - Other (Specify) HARMONY MEMORIAL PARK 6196 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILI JOHNSON & JENKINS FUNERAL HOME 716 KENNEDY ST. N.W. WASH. D.C. 20011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death IMMEDIATE CAUSE (Final Enopolerotio Cardio Vas cula deresce disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the undarlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ABLE PRIOR TO changes. COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \overline{L}\) UNCERTAIN \( \Boxed{1}\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINENT HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | 5 Rasidence DOA 27. MANNER OF BEATH 26a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY t - Netural 5 Pending 1 YES 2 NO Investigation 2 Accident 26s. PLACE OF INJURY — Al home, larm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, occured at the time, data and place, and due to the cause(a) and manner as stated.

29 LICENSE NUMBER 1230

(ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

end were the street

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 0267

						Cer	titicat	e or	Death		Re	g. No.			
£.	Physic /Medi		Decedent's Name (First, Middle, Last,  KEITH	POLITE						J	2. Dete of Deet Month ANUARY	Dey	Year 196	3. Time of De	
j-	Exami		4e. Fecility Neme (If not institution, give								ation of Death	4c. Count	y of Deeth		
_			Prince George's			46	If Under	1 Voor		ever				George'	
	Funeral Director		5. Social Security Number 6. Set 215-98-9326	X 7. Age	(In yrs. last bir 30	Yrs.	Months	Deys	Hours	Min.	B. Dete of Birth (Month, Dey, 11-1-	Year) -65	9. Birthin Cour Wast	place (State or Finity) ningtor	oreign 1,DC
	land w		10e. Stete 10b. County		10c. City, Town	n or Loc	cation						1	10d. Inside City I	Limits
	Men.	tor	MD Prince (	George's	C	api	itol	Не	ight	S				XXYes 2	□ No
	death with the Meryland ma 23a or 28a-f show	al Director	10e. Street and Number 600 Ivy Leaf Av	venue		•	10f. Zip		2074:		11	Og. Citizen of	What Cour	•	
070	or its	11. Meritel Stetus  12. Wes Decedent Ever in U,S. Armed Forces?  12. Wes Decedent Ever in U,S. Armed Forces?  12. Wes Decedent Ever in U,S. Armed Forces?  12. Wes Decedent Ever in U,S. Armed Forces?  13. Widowed 4 Divorced  14. Wes Decedent Ever in U,S. Armed Forces?				13. Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ Yes 2€™No Specify:					ify Yes or No- ican, etc.)	Ido- 14. Rece - American Indien, Bleck, White, etc.  Specify: Black			
0200-61212	n 72 hours "natural", ndical Exp	Completed	15. Decedent's Edu (Specify only highest grade	cation e completed)	16a.	Decede (Give k	ent's Usue kind of wo	ol Occup	etion during most	t of working	2	16b. Kind of E	Business/In	dustry	
7		id m	Elementery/Secondery (0-12)	grade completed)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)  College (1-4or 5+)						Pri	vate				
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lan I	should be nd Mental marked o	To Be	James Polite	9							n Will				
Maryland	E B E E	-	19e. Informent's Neme/Reletionship (Ty	rpe, Print)	19b	. Malling	g Address	(Street	end Numbe	er or Rural	Route Number,	City or Town	, Steta, Zip	Coda)	
	and 2		James Polite/Fa	ather	6	00	Ivy	Le	af Av	venu	e, Cap	itol	Hgts	, MD 2	2074
baltimore,	ant o		108. Method of Disposition 10xBurlel 2 Cremetion 3 Removel from Stete 4 Donetlon 5 Other (Specify)  20b. Plece of Disposition (Nema of cemetery, cremetory or other piece) Harmony Memorial Park						ark		Lando				
	Departm Departm Importan any injur		21. Signeture of Funerel Servica Licanse	ee // //	. /				ss of Fecilit						
	Physician /Medical		23e. Pert1. Enter tha disease, or complishock, or heart fellure. List only or	ne ceuse on eech lin	θ.	not enta	7474 or the mod				uneral oad, L respiretory arre		er,	MD 207 Approximata Interval Betwee Onset end Dec	en eth
	Examiner		disease or condition resulting in deeth)	Bran	~ ~	iav	n	0 020				-	1	hmedi	u
	р #	iner		Bra	Due to (or as a d	Zy	vende on:	ho	na				1	med. 4 wee Zyen	ehs
	and and I-trans	Examiner	Sequentially list conditions, if eny, laeding to immediate	,	Due to (or es a	onsaqu	uenée of):	1 A	- (					7	
00/00	certificate be executed ding physician and se es the buriel-transit	//Medical E	cause. Enter Underlying Cause (Disaese or Injury that initieted events resulting in deeth) Lest	ad	Due to (or es e	consequ	vence of):	41	D 7					Lyen	>_
	certifi nding use ex			1				-							
	lew requires that the death as been signed by the atter 2 should be deteched for u	y Physician	Pert II. Other significant conditions con	tributing to daath bu	t not resulting in	the un	derlying c	ausa giv	van In Part I.			bacco use co e 2□ No		o the cause of debably 4 Un	
VII necolus,	been should	Completed by									24a. Was er perform		ev	fara autopsy find velleble prior to empletion of cause deeth?	
_	0 - 7	mo:									1□ Ye	s 2 No	1[	☐ Yes 2☐ No	3
2	ician: The certificate rector, pag	Be C	25. Wes case referred to medical exeminer?						26. Plece	of Deeth	(Check only on	9)			
	Physic this ce	To	1 ☐ Yes 2 ☐ No	lospitel: 1 Dinpatier	nt 2□ER/Ou	tpetient	3□ DC	Oth	nar: 4□ Nu	rsing Hom	e 5 🗆 Reside	nce 6 □Ott	her (Specif	fy)	
	After t funere	on:	27. Manner of Deeth  1. ■ Naturel 5 □ Pending	28a. Dete of Injury (Month, Dey		ime of		8c. Inju	rk?		d. Describe ho	w injury occu	rred		
-	Aften or deat octor: by the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida determined	28a. Plece of Inju	ry - At homa, fa (Specify)	rm, stre	M eat, factory		Yes 2 l		Bf. Location (St. City or Town		ber or Rure	ai Route Number	r,
/	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edicai Ce	(Check only 2 Madical Examin	nician: To the best of	my knowladga	, daath	occurrad estigation	at the tir	me, dete end	d place, en	d dua to tha ca	usa(s) and m	annar as s	stated.	
1	vithin 24 To the F	2	29b. Signeture and title of confider	end menner stet	ed.		290	Licens	se number		25	d. Dete signe	ed (Month.	Dev. Year)	
	150		Sonde					1/1	787/	′		1/1	5/7/	2.	
(	3		30. Name and eddress of person who co Abraham B.	mpleted cause of de	eth (Item 23e) (	Type, P	Print)	ue	en, be	m 1	ed 1	R, wes	de	m) 20	737

Registrar's Signature

State Registrar

AND HER ELVE

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SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	S	mined within 12 hours aret death with the State Uept, or relative and wented hybere prior to bornes, cremarous, or removes.  PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR /	TO THE FUNERAL DIRE	IMPORTANT: If item

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	1 - STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT ICATE				RI	EG. NO.				
	1. DECEDENT'S NAME (First, NOEL	DALT		ROBEY						JANUAR	RY 2t	, 19		3:16 P M	
	4. SOCIAL SECURITY NUMB 219-74-5019		5. SEX 1 <b>X</b> M 2  F	6. AGE (In yrs. las	YRS.	MONTHS DAYS MOURS MIN (MONTH, Day, Year)							HPLACE (State or Foreign TV) ASHINGTON DC		
OB	99. FACILITY NAME (If not in CHARLES COUN	ITY NUF		1E									CHARLES		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY	
	MARYLAND  100. STREET AND NUMBER	Cł	IARLES			LA	_	TA	F			10e CIT	ZEN OF	LIMITS?  1 X YES 2 □ NO  WHAT COUNTRY?	
FRA	10200 LA PLA	TA ROA	ND.					20646						STATES	
BY FUNERAL	11. MARITAL STATUS 1 XXNever Married 2  3 Wildowed 4 Divo	Merried	12. WAS DECEDER	NT EVER IN U.S. AR		11	MAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Sp in, Puerto Ricen y:			14. RAC Blac Spec	E — American Indian, ck, White, stc.	
G	15. DEC (Specify ont	EDENT'S EDU	CATION completed)	/G	ive kind of	USUAL OC	CUPATIO	ON ast of working	na	18b. KIN	D OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementery/Secondery (6		College (1-4 or 5	+)	NONE	se retired.)				N	I/A				
BE CO	J. WILLARD R		SR.							ME (First, Middle _ENORA		,			
TO E	JOSEPH W. RO									Route Number, C				A 22309	
	20e. METHOD OF DISPOSIT	ION		20b, PLACE	AND DATE	OF DISPOS	ITION /N	ame of		DATE	20c. LO	CATION	City or T	own, State	
				_ ST-tery, JI	ÖSEPI	T'S'C	HUR	CH CE	М	JAN. 23	, 19	96 P	OMFI	RET, MD	
	4 Donation 5 Other 21 SIGNATURY OF FUNERA MGB MARK G.			100053						ERAL HO				20604	
	23. PART I. Enter the d			et ceused the de										Approximate interval Between	
	IMMEDIATE CAUSE (Findisease or condition resulting in death)	nal	CHR			Liv	E	2	0	SEI	12 F			Onset and Death	
	resolving in dealth)	·		OR AS A CONSE											
ON	Sequentially liet condit		b	OR AS A CONSE	OUENCE C	)F):									
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	с												
TIF	that initieted events reaulting in deeth) LAS	т	DUE TO	OR AS A CONSE	OUENCE C	HF):									
CEI	DART II OAL ALLEIG		d												
CAL	PART II. Other eignifica	ant condition	e contributing to	death but not	resulting	in the un	derlyin	g ceuse	given in	1	PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL										'	YES 2	NO.		OF DEATH?	
	DID TOBACCO U	JSE CONT	RIBUTE TO CA						CERTAII	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO.	O MEDICAL	HOSPITAL:			OTHER				6 Other (Sp					
HYS	27. MANNER OF DEATH		28a. DATE O		28b. TII	WE OF	28c. IN.	JURY AT	esidence	6 Other (Sp 28d. DESCRII		NJURY OC	CURED		
ВУ Р	1 Netural 5  2 Accident	Pending Investigation	(wonth,	Day, Year)	l in	JURY M		YES 2	] NO						
COMPLETED	3 Suicide 6 S	Could not be determined	28e. PLACE building	OF INJURY — At he i, atc. (Specify)	oma, farm,	atreet, tact	ory, offic	ca .			N (Street e wri, State)	and Numbe	r or Rural	Route Number,	
APLE	anai		ICIAN: To the beat of												
CO				exemination end/or	Investigati	on, in my o	pinion,				placa, an			(s) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE		H -	160h	_			^	L S	- 4	2			RY 22, 1996	
_	30. NAME AND ADDRESS O						,#21	L2, W	IALDO	ORF, MA	RYLA	ND	2060	03	
	31. DATE FILED (Month, Day,	Year)	32. RESISTE	AR'S SIGNATURE			1.6								
	JAN 2	4 1996	) fills	WINDS AND THE	WOUL !										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

executed The law I HOSPITAL

2

HRISTOPHER

31. DATE FILED (Month, Day Year)

JAN 2 4 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Hilda Marie Rohrback January 17 5:46 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 | M 2 | F DAYE HOURS 213-60-8318 YRS. Sept.30,1924 Md. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Md. Frederick Middletown 1 TYES 2 50 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? tuneral director, page 5 should be detached for use as the burial-transit 7012 Mt. Church Rd. 21769 U.S.A. Fage 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 X NO Specify: Never Married 2 Merried BY 3 Widowed 4 Divorced White 16a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 0 homemaker own home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) at Clarence Edgar Rohrback Mary Louise Grams BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Janet L. Taulton 7012 Mt. Church Rd., Middletown, Md. eg 20a. METHOD OF DISPOSITION

1XC Burtel 2 Cremation 3 1

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Must Locust Valley Cemetery 1/20 Middletown, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hours after death. and completely filled in by me or burial, cremation, or removal. 21769 medical Approximate ante one cause on each line intarval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition Dleding da resulting in death) traumatic event, DUE TO (OR AS A CONS CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 0 PART Ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and I Mento апу VPtardation signed l 1 TYES 2 NO OF OFATH? 1 TES 2 NO been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO ME UNCERTAIN I PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL: L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate bours after death with the State OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF tNJURY (Month, Day, Year) this c marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY 2 Accident Investigation 26e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 99 COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 \_\_\_ CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ea stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 286. SIGHATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

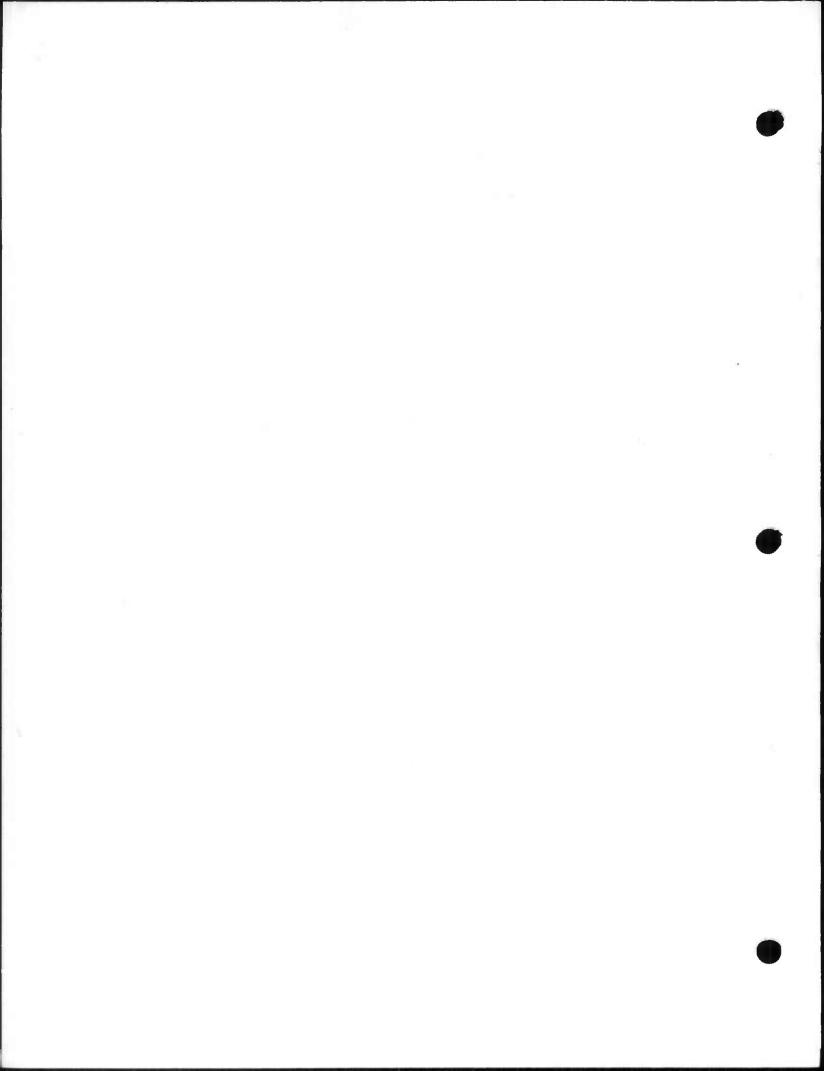
32, MEGISTRAR'S SIGNATURE

510

AVE.

BRUNSWEC

FLENGING



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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											9	6	02674
1 - FOR STATE REGISTRAR		STATE OF I	MARYLA					IEALTH AND DEATH	MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH DA	v	YEAR	3. TIME OF DEATH
			VATS0	N I	RICHA	RDS			JANU			996	10:10 A M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (h			IF UNDER 1 YE	EAR AYS	IF UNDER 24 HRS.	7. DATE (	OF BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
220-30-7656		1 X M 2 🗆 F	8	1	YRS.				JAN.	24.19	14		RASKA
9a. FACILITY NAME (If not in								OR LOCATION OF D	EATH		9c. COU	INTY OF D	EATH
ST. CATHER		NURSING H	IOME			EMM	IT:	SBURG			FRI	EDERI	CK
10e. STATE	10b. COUNT	Y			10c. CITY	TOWN OR L	OCAT	TION					10d, INSIDE CITY
MARYLAND	FRE	DERICK			EM	MITSB	URO	G					LIMITS?
10e. STREET AND NUMBER							101	, ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
16429 OLD E	MMITSE	BURG RD.						21727			11	. S.	Α.
11. MARITAL STATUS		12 WAS DECEDEN	T EVER IN	U.S. AR	MED	13. WAS	DEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes		14. RACE	- American Indian
1 Never Married 2 💢 3 Wildowed 4 Divo		FORCES? 1	U YES WAR OR DA	Z KJA	10			ecity Cuben, Mexica 2 NO Specif		ican, etc.)		Speci	WHITE
	EDENT'S EDU			(G	ive kind of w	USUAL OCCU	PATIC	ON st of working	16b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	life.	Do NOT use	retired.)			- 1				
		5+		PRO	OFESS	OR OF	PI	HYSICS			CATI	NC	
17. FATHER'S NAME (First, M	. ,							18. MOTHER'S NA			Surneme)		
	D JOH	IN RICHA	RDS					LELAH	WATS				
RUTH O. RIC								TCDUDC					01707
200. METHOD OF DISPOSIT								ITSBURG					
1 Buriel 2 Cremetic	on 3 🗆 Rem	oval from State	ceme	etery, cre	mstory or off	her place)			1/17			City or To	
21. SIGNATURE OF FUNERA		CENSEE /	- JAN	ATU	TY BU			MARYLAND ID ADDRESS OF FA		BAL	T M	ORE.	MD.
> John	m.	Skile	4					. MAIN S	S	KILES MMITSE			
23. PART I. Entar the d shock, or h	leesses, or d	complications the	n caused use on ea	the de	ath. Do n	ot entar the	mo-	de of dying, auc	ch se card	isc or respi	ratory ar	rest,	Approximats Interval Between
IMMEDIATE CAUSE (Fit disesse or condition resulting in death)	nsi	. Cer	elu	00	asc	ula	_	accie	len	t			Onset and Death
Sequentially list condit	ions (	Athe	osc	le	otu	Va	N	rulan	Di	sear	l	wit	t > 10 yrs
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	diete iNG	. Mu	lti	1	wayce of	ts	A	Semen	tion	ر			0
that initisted events		DUE TO	(OR AS A	CONSEC	DUENCE OF	):							2/

Sequenti If any, ie CAUSE ( that Initia resulting in death) LAST

27. MANNER OF DEATH

1 X Natural

2 Accident

3 Sulcide

4 Nomicide

DIRECTOR

FUNERAL

BE COMPLETED BY

5

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

PART II. Other significent conditions death but not resulting in the underlying ceuse given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

rostatic Hypertropl OALD eun DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL: 1 TES 2 NO

OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, fectory, office hullding, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

0

1 CERTIFYING PHYSICIAN: To (Check only one) 2 MEDICAL EXAMINER

end place, and due to the ceuse(e) end manner es stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

ALAN CARROLL, M. D. SETON AVE., EMMITSBURG, MD. 21727 310 S.

JAN 1 9 1996

8 Could not be

32. PEGISTRAN'S SIGNATURE

JANUARY 17, 1996

3. TIME OF DEATH

10:30 am 8. BIRTHPLACE (State or Foreign Maryland

REG. NO.

1996

2. DATE OF DEATH MONTH

January 15

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JAN 1 9 1996

Abraham

Joshua

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CTOR	90. FACILITY NAME (If not ins 10124 Bethe	el Roa						ick	ON OF DE	ATN		reder	
DIRECT	nesidence of dec 10s. state Maryland	tob. COUNTY	derick			, TOWN OF		TION					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 10124 Bethe				TIC	10f. ZIP CODE 21702					10g. CI	t YES 2 X NO HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  t Never Merried 2 3 Wildowed 4 Divor	Married	12. WAS DECEDEN	YES 2	ES 2 NO It yes, specify Cuban, a			F HISPAN	IIC ORIGIN? (Spe n, Puerto Rican,	— American Indian, , white, etc.			
ETED	(Specify only	EDENT'S EDU	CATION completed) College (1-4 or 5		18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INC					IDUSTRY			
COMPLI	Elementary/Secondary (0-	8			Farmer Agri					Agricul	Lture		
ш	17. FATNER'S NAME (First, MI Joshua A	Abrahai	n Lin	coln	RICE   18. MOTNER'S NAME (First, MIC Frances E						Maiden Surname) zabeth		OSER
10 8	Mr. Lawrence		Rice (Son	n)						Ploute Number, City ederick			21702
	20a. METHOD OF DISPOSITION  1 K Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  Dunkard Brethren Church Cem Jan 18,1996, Mount  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MOO703  Dunkard Brethren Church Cem Jan 18,1996, Mount  22. NAME AND ADDRESS OF FACILITY  Keeney & Basford P.A. Funeral Ho 106 East Church St, Frederick, Mai									ntaindale,			
rion	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  s. Subdural Hematoma  DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, if any, leading to immediate  b. Closed Head Injury  DUE TO (OR AS A CONSEQUENCE OF):											24 hrs 36 hrs	
FICA	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
ERT	reaulting in death) LAS		d		020021102 01	j:							
MEDICAL CERTIFICATION	PART II. Other algoritics  Arteriose	ent condition			ot resulting in	n the un		g cause	given in		WAS AN AUTOPS' PERFORMED? YES 2 X NO	Y 24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other signification of the part o	clerot	ic Cardi	ovascu	ot resulting li	n the unsease	9 NO <u>E</u>	] UNC	given in	18	PERFORMED?	Y 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ICIAN: MEDICAL	DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 % YES 2 NO	clerot	RIBUTE TO CA	OVASCU.  AUSE OF D  28. P	ot resulting in Lar Dis	n the unitsease	NO &	UNC	CERTAII	1   1   5   Other (Spec	PERFORMED? YES 2 NO		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnifics Arterios  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER? 1 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5	clerot	RIBUTE TO CA	OVASCU.  AUSE OF D  28. P	EATH YE LACE OF DEAT  3 DOA  28b. TIME	n the unit	NO Entry one, it: sing Hor 28c. IN. W	UNC	ERTAII	5 Other (Specado DESCRIBIL Patio	YES 210 NO	ссияео 11 а	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnifics  Arterios  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 X Accident  3 Suicide 8	ent condition Clerot ISE CONT D MEDICAL	RIBUTE TO CAME  HOSPITAL: 1   Inputiant 2  28a. DATE O  (Month,  Jan  28e. PLACE	AUSE OF DI  28. Pi  ER/Outpetlant F INJURY Day, Year) 1 3 , 19 0 OF INJURY — Ail	EATH YE LACE OF DEAT    28b. TIME   INJ.   969:59	n the units Sease SS N (Check of OTHER 4 Number of Units) D M	Donly one 1: sing Hor 28c. IN. W	UNC  The 5X R  JURY AT  ORK?  YES 2 5	CERTAII	6 Other (Specarion Pati (Caron Congress) Cast. LOCATION City or Tow	YES 2 NO  ON INJURY OF COMMENT OF	CCURED  11 a  per or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	PART II. Other algnifics Arterioso  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 % YES 2 NO  27. MANNER OF DEATH  1 Natural 5 S  2 % Accident  3 Suicide 8 Nomicide  29a. CERTIFIER (Check only 1 CERT	SE CONT O MEDICAL  Pending Investigation Could not be determined	RIBUTE TO CAMENTAL:    MOSPITAL:   I   Inpetiant 2   28e. DATE O (Month),   Jan   28e. PLACE building   At I	AUSE OF DE 28. PI PI PI PI PI PI PI PI PI PI PI PI PI	EATH YE LACE OF DEAT  3 DOA 28b. TIME 1NJ 969:59 home, term, s	n the units Sease SS N N (Check of OTHER 4 Number of Units) D M N detreet, factored at the ti	only one, it: sing Hor 28c. IN. With 1	UNC JURY AT ORK? YES 2 5	ERTAII	5 Other (Specarion City or Town Coll of Town	YES 2X NO  City)  NOW INJURY O  Ent Fe  (Street and Numb  e, State)  ethel F  and manner as #	CCURED  11 a  Rd, Fr  Red, Fr	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  t home

Andrew Zarick, Jr, M.D., 130 Thomas Johnson Drive, Frederick, Maryland 21702

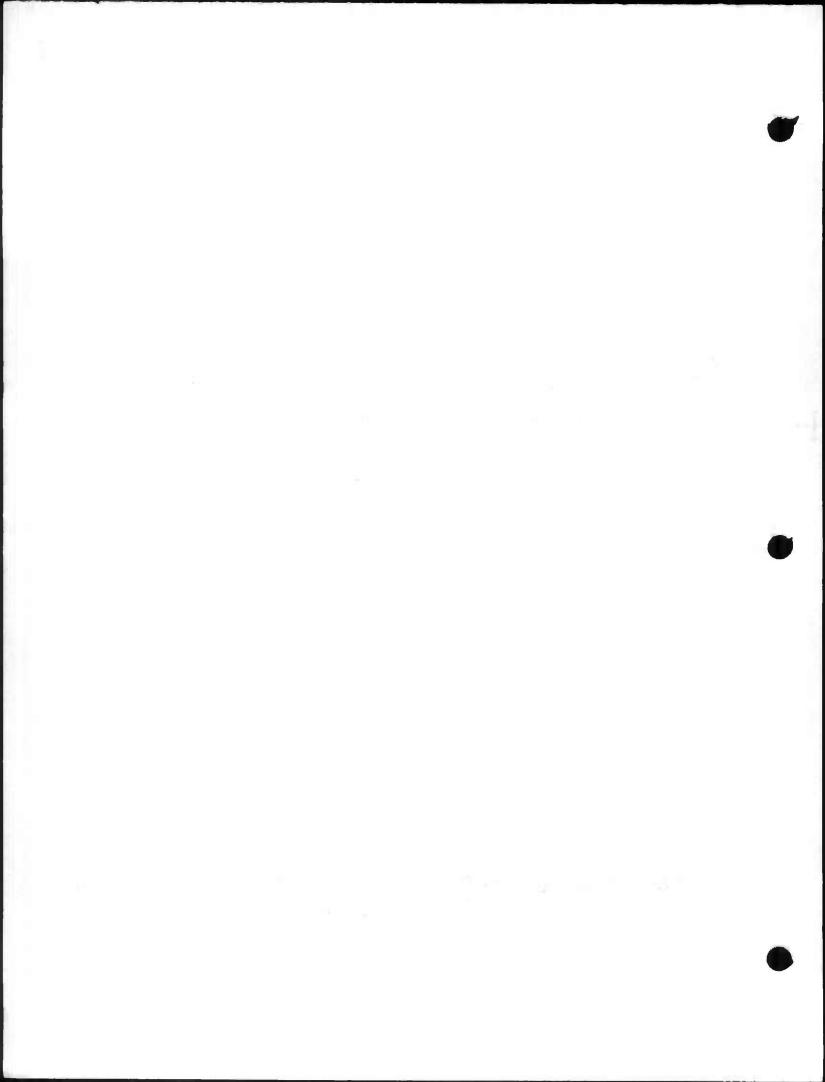
32. REMSTRARIS SIGNATURE
Julia Davidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RICE

Lincoln

DHMH-18 Rev 1/89



FOR STATE REGISTRAR

HOWARD

4. SOCIAL SECURITY NUMBER

WILLIAM F.

HARPER

9

M.D.

1. DECEDENT'S NAME (First, Middle, Lest)

EUGENE

RICKERD

5. SEX

1

Q.	0	
ğ	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	SEDAL DIDECTION After this continue has been closed by the otherwise and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	909	20
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218-40-2742 1 WM 2 F 52 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION DIRECTOR FREDERICK MEMORIAL HOSPITAL FREDERICK RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION FREDERICK THURMONT MARYLAND burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 307 EYLER RD. 21788 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES PEACETIME 11. MARITAL STATUS 13. WAS DECENDENT OF 1 Never Merried 2 Herried If yes, specify Cuben, I BY 3 Widowed 4 Divorced use as the COMPLETED 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for 12 PRESS OPERATOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER RICKERD notified at SAMUEL HOWARD RUTH Page 6 may be retained by BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or 9 307 EYLER RD., THU DARLENE M. RICKERD pe 20e. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremen must BLUE RIDGE CEMETERY 4 Donation 6 Other (Specify). examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS ROBERT E. D 615 E. MAIN marked, or item 23 shows any injury, or other traumatic event, the medical Entar tha diseases, or complications that caused tha death. Do not enter the mode of dying shock, or heart failure. List only one cause on 6 IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury with the State Dept. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse give MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA EXAMINER?

1 YES 2 NO HOSPITAL: OTHER: 1 Dinpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 29a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 26c, INJURY AT WORK? INJURY 1 Natural 6 Pending м 1 YES 2 N BY death Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) TO THE FUNERAL DIRECTOR: A be filed within 72 hours after di IMPORTANT: If Item 28 is 8 Could not be determined COMPLETED 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN; To the best of my knowledge, death occurred at the time, date end place, a 2 MEDICAL EXAMINER: On the basis of 296. SIGNATURE AND TITLE OF CERTIFIER 28c. LICEN TO THE P BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100 S.

32. REGISTRAR'S SIGNATURE RONDON

CENTER ST., THURMONT, MD 21788

STATE OF MARYLAND / DEPARTMENT OF HEALTH A

YRS.

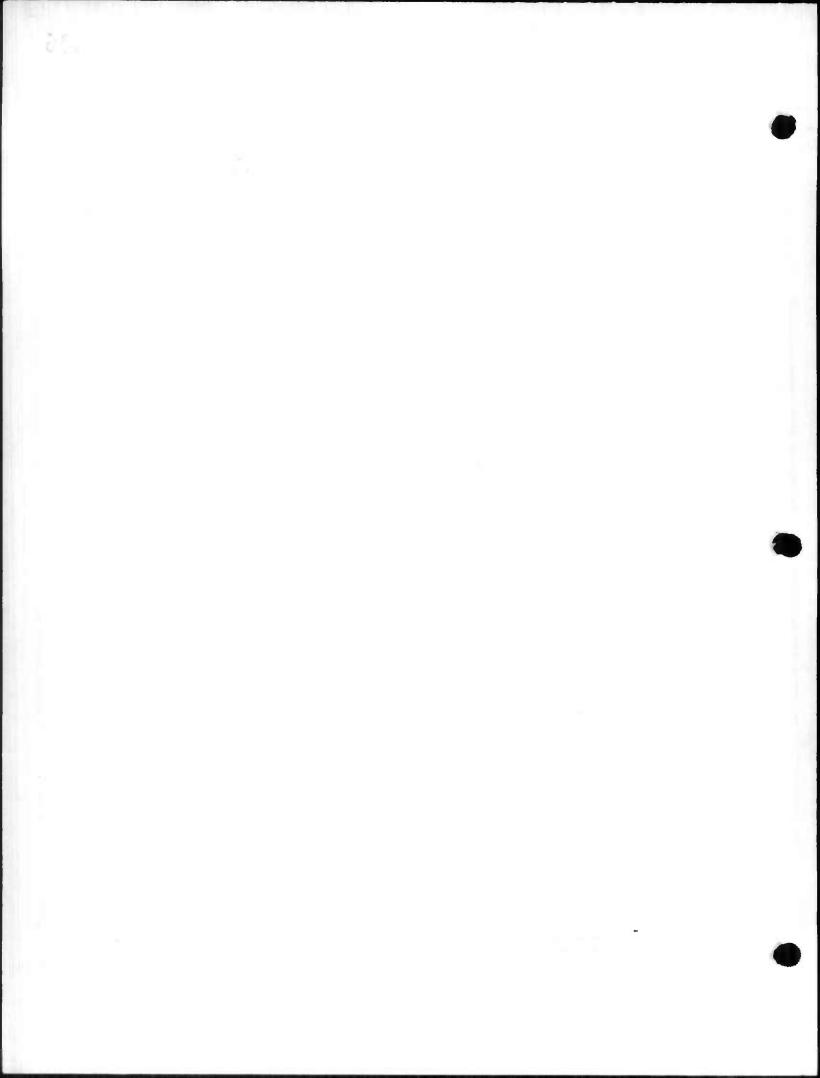
6. AGE (In vrs. lest birthday)

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 DAYS

HOURS

ND I	MENTA	L HYGIEN			
	2. DATE	OF DEATH			3. TIME OF DEATH
	JAN	. 13,	1996	YEAR	4:50 a M
HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
AIN.	FEB	th, Day, Year) 25,	1943		RYLAND
OF DE			9c. COU	NTY OF	DEATH
			FR	EDER:	ICK
					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
			10g. CIT	IZEN OF	WHAT COUNTRY?
			U.	S.A.	
		N? (Specify Ye Ricen, etc.)	s or No-	14, RAC	E — American Indian, k, White, etc.
Specif		rinell, elaj		Spec	
	161	b. KIND OF BL	SINESS/IN	DUSTRY	
		BUSINE	SS F	ORMS	
'S NA	ME (First,	Middle, Maider	Surname)		
	V	IRGINI	A	CL	INE
		nber, City or Tox		p Code)	
RM	ONT,	MD 21	788		
ry or		20c. L	OCATION -	City or To	own, State
	1/	17 TH	IURMO	NT,	MD
AI		& SON,			
		THURMO			
, suc		diac or rear			Approximate Interval Batween Onset and Death
	_	mfa	nci	Co	n 5 mins
		/			
en in	Part I.	24a. WAS AI PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	_				1 YES 2 NO
TH (C)	neck only o	one)			
ence	6 🗆 Oth	er (Specify)			
		SCRIBE HOW	INJURY O	CURED	
10	. 3				
		CATION (Street or Town, State		or or Rural	Route Number,
nd rhu	to the co	use(s) and ma	enner es ch	nted.	
					x) and manner sa stated.
SE NU	MBER		29d. DA	TE SIGNE	D (Musth, Day, Year)
1	つづ	49	100	/16/	



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 3. Time of Death 1. Decedant's Nama (First, Middla, Last) 2. Dala of Daath Month hodes Dors anuary 16 4c. County of Death 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death / Prince George's Hyattsville 7777 Emerson Road H Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 8. Data of Birth 9. Birthplaca (State or Foreign Country)
November 19,1924 Michigan 5. Social Sacurity Number 6. Sax 7. Aga (in yrs. last birthday) 1 M 2 XF Months Yrs. 577-34-6935 10a. Slata 10b. County 10c. City. Town or Location 10d. Inside City Limits Yas 2 No Maryland Prince George's College Park 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5007 Lackawanna Street 20740 USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dalas: 14. Race - Amarican Indian. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status Biack, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: White 3 ☑ Widowad 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Underwriter U. S. Government 17. Fathar's Nama (First, Middla, Last) 18. Molhar's Nama (First, Middla, Maldan Sumama) Floyd R. Rorabacher Lenora White 19a. Informani's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Deanna Downing (Daughter) 7777 Emerson Road, Hyattsville, Md. 20784 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlai 2X Cramation 3 ☐ Ramoval from Stala Metropolitan Crematory 4 ☐ Donation 5 ☐ Othar (Specify) 1/20/96 Alexandria, Virginia 21. Signature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home - 4739 Baltimore Ave., Hyattsville, Md. 20781

23a. Part1. Entar tha disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death resterine arteroschioter cardio Vasculay Immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consequence of) Sequanilally list conditions, if any, laading to immadiata cause. Entar Undarfying Cause (Disease or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 □ Yas 2 □ No 28. Placa of Death (Check only ope) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28a. Data of injury (Month, Day Year) 28c. injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Pending 1 Yas invastigation

**Physician** Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

à

Completed

Be 0

**Funeral** 

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Expressor must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. Intervant if Itam 27 is marked other than "natural", or iter any injury or other traumatic avant

3altimore, Maryland 21215-0020

with the Maryland

death

Examiner

Physician/Medical þ Completed Be 2

hysician end the burial-transit attending physician 88 signed by 1 page 2 a funeral ( Certification:

edicai

29b. Signatura and titla of cartifiag

been signature hes certificate this To the Hospital or Attending I within 24 hours effer deeth. To the Funeral Director: After mpletaly filled in by

Records, P.O. Box 68760,

Division of Vital

State Registrar

25. Was case refarred to medical 1 Vas 2 No 27. Manner of Death 1 Naturel 2 Accident 3 Suicida 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of injury - Al homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To tha best of my knowledge, death occurred at tha time, dete and place, and dua to the cause(s) and mennar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. 29a. Cartifian

29c. Licansa number

addrass of person who completed cause of death (Itam 23e) (Type, Print)

29d. Dala signed (Month, Day, Year)

32. Ragistrar's Signatura 31 Data filed (Month Day Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical	be filed within 72 hours after death with the Sta	IMPORTANT: If item 28 is marked, or ite

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE (	OF DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
Harold R	Robinzine				Jan			835A H
4. SOCIAL SECURITY NUMBER			HUNDER 1 YE		7. DATE OF (Month, D		8, BIRT	THPLACE (State or Foreign
254-42-6171	1 X 2 F 6		Milis DA	HOUNS WIN.		17.19		tlanta, Ga.
Sa. FACILITY NAME (If not institution, gi		91	b. CITY, TO	WN OR LOCATION OF D	EATH	90.	COUNTY OF	
Fort Washingto			Ft.W	ashington		P	rince	Georges
RESIDENCE OF DECEDENT		10c. CITY, 1	DOMES OF L	00471011				10d. INSIDE CITY
	ontgomery							LIMITS?
10e. STREET AND NUMBER	onegomery	511	ver S	pring		La		1X YES 2 NO
12120 Turnsto	Oh					109		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER II	VIII 40450	T 40 11110	20904			U.S	. A .
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES	2 K NO	If ye	a, apecify Cuban, Mexic YES 2 NO Speci	an, Puerto Rica	in, etc.)	Bla	ce, White, atc.
15. DECEDENT'S (Specify only highest g	EDUCATION CONTROL OF THE PROPERTY OF THE PROPE	16a. DECEDENT'S US	UAL OCCU	PATION	16b, KI	ND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)	ng most of working				
12	1		CI	erk		Pos	tal S	ervice
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mide	dle, Maiden Surna	me)	
George W. Ro	obinzine			John	nnie Be	eadles		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (St	reet and Number or Rural			te, Zip Code)	
Gloria Robinzi	ne	12120	Turns	tone Ct.,	Silver	Spring	. Md.	20904
20s. METHOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITIO	N (Name of	DATE			
TV□ Burial 2 □ Cremation 3 □ F 4 □ Donation 6 □ Other (Specify) _	cen	netery, crematory or other Carver Met	m.Gar	den 1	/6/96	Jones	boro,	Ga.
21, SIGNATURE OF FUNERAL SERVICE	E LICENSIE	92	22. NA	ME AND ADDRESS OF F				
MAIG.	(611)	1 - /						al Home, Inc. gton, D.C. 2000
Sequentisity list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):		J.				
resulting in dasth) LAST	d							
PART J. Other significant cond	es bud a	hoses				Io. WAS AN AUTO PERFORMED	2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE CO	NTRIBUTE TO CAUSE O	OF DEATH YES	□ NC	UNCERTA	IN P			
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	one) Home 5 Residence	e 6 □ Other (S	Specify)		
27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	AA.	c. INJURY AT WORK?	26d. DESCR	NIBE HOW INJUR	Y OCCURED	
3 Suicide 6 Could not detarmine	26s. PLACE OF INJUR	Y — At home, farm, strendly)	eet, factory,	offica		ON (Street and N Town, State)	umber or Run	al Route Number,
anni .	HYSICIAN: To the beat of my know							e(a) and manner as stated.
296. BIG ATURE AND TITLE OF CERT	Rodriguez	m		2 212	30	3	PONTE SIGN	ED (Month, Day, Year)
Autusto P. 1	ON FUEL ZN	EATH (ITEM 27) (Type, P	9 E	John C	L.Co	Al.	no	20748
JAN 16 1996	52 REGISTRAR'S SIGN	hardell	,	y		0		

YEAR

1996

3. TIME OF DEATH

4:00pm

8. BIRTHPLACE (State or Foreign Country)

PRINCE GEORGE'S CO

10g. CITIZEN OF WHAT COUNTRY?

Washington, D.C.

10d. INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, etc.

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 1/13/1996

Approximata Interval Between Onset and Death 2 WKS

2. DATE OF DEATH DAY

JANUARY 12

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

ALBERTA

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OR	that
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4	8
A	The
5	AN
OF	PHYSIC
DIVISION OF VITAL RECORDS, P	DEDITAL OR ATTENDING PHYSICIAN: The law requires that the death
2	d
	_
	PCPITA

	4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O			8. BIRTHE	LACE (State
	577-60-641	7	1 M 2 F	77	YRS.	MONTHS	DAYS	HOURS MIN.	Feb.	10,19	918	Washi	ingto
	9a. FACILITY NAME (If not		treet and number)			9b. CITY,	TOWN (	OR LOCATION OF D	EATH		9c. COU	NTY OF DE	ATH
DIRECTOR	DOCTOR	S COM	MUNITY H	HOSPIT	AL	LAN	HAM.	-SEABROO	Κ		PRIN	ICE G	EORGE
ច្ច	RESIDENCE OF DECEDENT  10s. STATE  10c. CITY, TOWN OR LOCATION								_		10d. INSIDE		
	MD Prince Georges New Carrollton 1900. STREET AND NUMBER 1000. STREET AND NUMBER 1000. STREET AND NUMBER 1000. CHIZEN OF WHAT									LIMITS 1 YES			
FUNERAL	THE WATER WILLIAMS						100						TAT COUNT
2	7903 Powha	itali St.	12. WAS DECEDER	NT EVER IN U.	S. ARMED	13. V	WAS DEC	20787 CENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No —	14. RACE	— America
B	1 Never Married 2 3 Wildowed 4 Di		FORCES? IF YES, GIVE					ecity Cuban, Maxico 2 XNO Specia		can, atc.)		Specify Bla	
		CEDENT'S EDU		16	a. DECEDENT'S	work done d			16b. I	KIND OF BUS	SINESS/INC	USTRY	
COMPLET	Elementary/Secondary	(0-12)	College (1-4 or 5	· .	ille. Do NOT U		ine	r	De	pt. o	f Wel	fare	
ш	17. FATHER'S NAME (First, Roy Bond	Middle, Last)						18. MOTHER'S NA Bettie			Sumame)		
TO B	198. INFORMANT'S NAME Robert Bla							and Number or Rural treet, L					
ď.	20a. METHOD OF DISPOS				ACE AND DATE	OF DISPOSE	_		OATE	-		City or Tow	n, State
	1 [XBurlal 2 Greens 4 Greenston 6 Greenston		ioval Irom Stata	Ft.	ry, crematory or c	ither place) 1n Ce	met	erv	1/17	Bre	ntwoo	od. M	D
	21. SIONATURE OF FUNE	RAL SERVICE LI	CENSEE	2.4		Ma	NAME AI	ND ADDRESS OF F	nera 1	Home	. In	C.	
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc.  4308 Suitland Rd., Suitland, MD 2074												
	23. PANT I. Enter the	diseasea, or	complications th	e1 caused 1	na death. Do								Арр
	immediate cause (F		List only one cs	use on each	n line.								Onse
	diseese or condition resulting in death)	$\rightarrow$	. SET	1515									2
			DUE TO	O (OR AS A CO	ONSEQUENCE O	OF):							
N	Sequentially list cond	litions.	· CON	GEST	NSEQUENCE C	tic	EAF	RT FA	ILUR	RE			-
CATION	if sny, leading to imm cause. Enter UNDERL	nediate	-										
임	CAUSE (Disease or Injury that initiated events  CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										+		
CERTIFI	that initiated events resulting in desth) LAST												
	PART II, Other signific	cant condition	ne contributing to	o death but	not regulting	in the un	dorivin	a course alves la	Part I	24s. WAS AN	Allmoney	- Datie	WERE AUTO
MEDICAL	MORBI		BESITY						rait i.	PERFOR	MED?		AVAILABLE I
									-	1 YES 2	NO		OF DEATH?
Σ	DID TOBACCO		MENTA				10 'K	UNCERTAI	ΝП				1 TYES
AN	25. WAS CASE REFERRED		KIBOIL IO C		PLACE OF OE								
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 DOA	OTHER 4 Num		ne 5 🗆 Raaldence	8 🗆 Other	(Specify)			
PHY	27, MANNER OF OEATH		28a, OATE O		28b. Til	WE OF	28c. IN.	JURY AT	Т	CRIBE HOW I	NJURY OC	CURED	
ВУ Б	1 Natural 5	Pending investigation	(marconer)*	Day, reary		JURY M		ORK? YES 2 NO					
	3 Sulcida 6	Could not be		OF INJURY -	At home, larm,	street, lacto	ory, offic	CO .		TION (Street of Town, State)		r or Rural R	oute Numbe
IE	4 Homfcide	detarmined											
MPLETED		RTIFYING PHYS	ICIAN: To the beat of	of my knowled	ga, daath occur	red at the ti	me, deta	and place, and du	s to the caus	e(s) and ma	nner aa ata	ted.	
SO CO	one) 2 M	EDICAL EXAMIN	ER: On the basis of	axamination a	nd/or investigati	on, In my o	pinion, e	death occured at the	Ilme, data i	and place, an	d due to II	he cause(a)	and mann
BEC	29b. SIGNATURE AND TIT	LE OF CERTIFIE	R	0 - 0				29c. LICENSE NU	MBER		29d. DAT	E SIGNEO	(Month, Day
TO B			Rle	elapi	MD			D241	74		<b>&gt;</b> /	1131	1996
-	30. NAME AND ADDRESS						2 -	2001-0	n 0 to	Coma	AID C.	T -	-
	PADMAJA		API	7245		JOVE	K	OFFICE P	4KK	YKEE	413EL	- ( TV	D 20
	JAN 16 19			AR'S SIGNATI									
	TAN TO 10	10 /	ha attendes	Rock	f								
		-			3. 3.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENBELT MD 20770

DHMH-16 Rev 1/89

sprok mont

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		NTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH				
	Maude Lorrain	e Shives				AN 24	199	6 1620 "				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 2	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign country)				
	215-44-7623  9a. FACILITY NAME (If not institution, give atr	1 M 2 F	9 / YRS.	b. CITY, TOWN OR LOCATIO	S		1898	PA				
DIRECTOR	Washington County			Hagerstown	N OF BEATH		Washington					
	10a. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCATION				10d. INSIDE CITY				
SIR I	MD Was	shington		sboro				LIMITS?  1 VES 2 NO				
	10e. STREET AND NUMBER	HINGCON	DOOM	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	141 S. Main Stree	<u>+</u>		21713	3		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF	HISPANIC C		or No- 14. I	RACE — American Indian,				
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yea, specify Cuban 1 Tes 2 X No		uerto Rican, etc.)	1	Black, White, etc. Specify:				
							1	White				
1	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of wor life. Do NOT use	k done during most of working	9	16b. KIND OF BU	SINESS/INDUSTI	RY				
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		istress		Federal	Corrora	amont				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		103 (11).		ER'S NAME (	First, Middle, Malden		MIETIC				
BE C	James Milton Booth	}		Jos	sephin	e Deneen						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number				le)				
5	P. Edwina Wilkers	son	114 Ba	otist Church	Road	Hancock	, MD 2.	1750				
	20a. METHOD OF DISPOSITION 1   ↑ Burlal 2 □ Cremation 3 □ Remo		PLACE AND DATE OF	DISPOSITION (Name of	1	DATE 20c. LO	CATION — City	or Town, State				
	4 Donation 5 Other (Specify)	A War	fordsbirg I	resby Cemetery	01/2	7/96 Warf	andsburg.	PA 17267				
	21. SIGNATURE OF FUNERAL SERVICE DE	TO N		Grove Funer								
	* teelin	Mon	R	P.O. Box 36			21750					
	23. PART I. Enter the diseases, or c shock, or heart fallura.	implications that caused	the death. Do no	enter the mode of dylr	ng, auch a	cerdiac or rasp	Iratory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition / / / / / / / / / / / / / / / / / / /											
	reaulting in death)	acute	renal	failure				2 degs				
	No.	DUE TO (OR AS A I	CONSEQUENCE OF):	4-11				1				
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	x jancu	re			1 much				
SAT	if any, leading to immediate cause. Enter UNDERLYING	cormon	1 onte	2. disea	11			2011110				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	9 00,000				a gui,				
	resulting in death) LAST	athi	roseles	er.				years				
	PART il. Other significant conditions	s contributing to death bu	t not resulting in	the undariving causa g	Ivan in Par	t i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
CAL		-				PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE				
						1 TYES	NO	OF DEATH?				
- 1	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	DEATH YES	□ NO □ UNC	ERTAIN	7		1 YES 2 ND				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE DF DEATH									
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpe		OTHER:	aldence 8	Other (Specify)						
F	27. MANNER OF GEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28	d. DESCRIBE HOW	NJURY OCCURE	D				
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2	DND							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif		eet, factory, office	28	f. LOCATION (Street City or Town, State,		Bural Route Number,				
ET	29e CERTIFIER											
AP	(Check only	CIAN: To the beat of my knowle										
COMPLETED	2 MEDICAL EXAMINE	R: On the beals of examination	and/or Investigation,	In my opinion, death occur	ed at the time	e, date and place, ar	nd due to the ca	luse(a) and manner as stated.				
H	29b. SIGNATURE AND TITLE OF CERTIFIER	14			NSE NUMBE	R	29d. DATE SIG	GNED (Month, Day, Year)				
2	20 NAME AND ADDRESS OF PERSON WITH	ulu /	TU //TEM 67 /7		3251	8	1/25	776				
	30. NAME AND ADDRESS OF PERSON WHO	WMPLETED CAUSE OF DEA	(ITEM 27) (Type, F	i Lane	W	201 -	110	mal				
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S SIGNA	TURE	a rune	174	Cays 01	117	11/10				
	FFR 0 1 199	32. RESISTRAP'S SIGNA	artardall	(								
_	F-D - 100	Mil /										

BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed withink - urs after death. Page 6 may be retained by the hospital or attending physician.	uis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinty	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

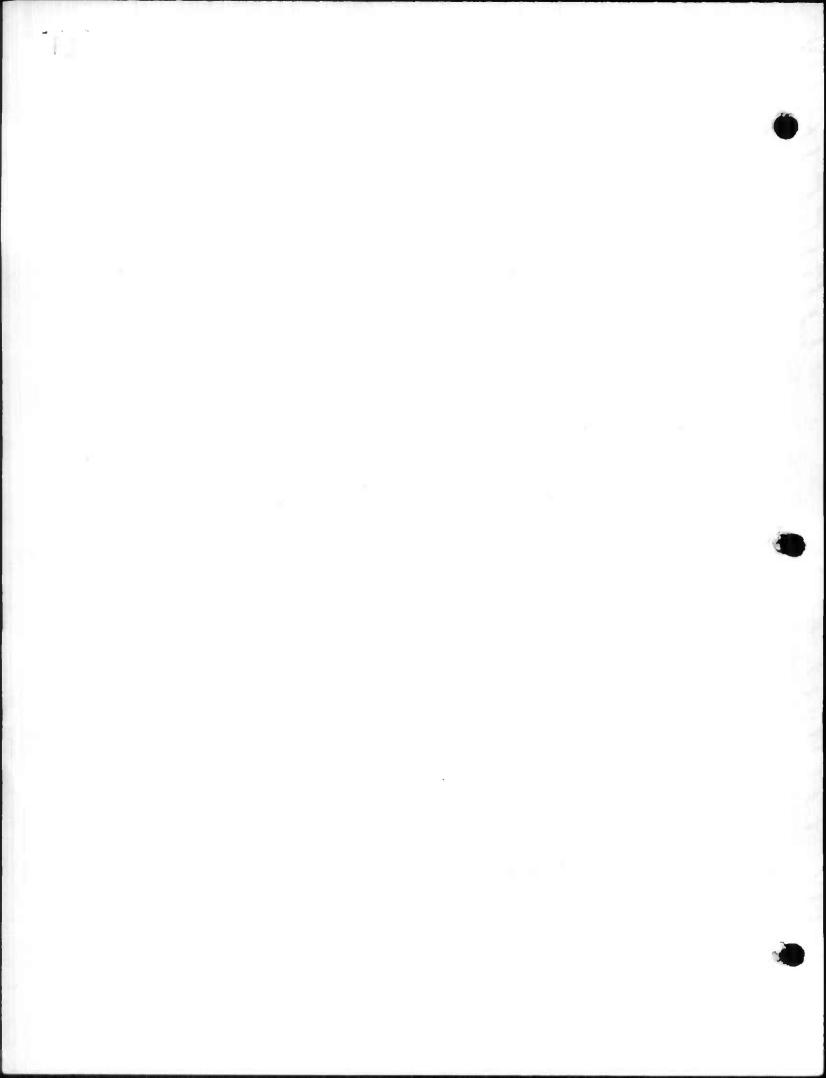
Richard L.

Gough,

MD

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /			EALTH AND I	MENTAL HYGIEN REG. NO	_						
	1. DECEDENT'S NAME (First, Middle, Last)	ELEANOR S. SMI	тн			2. DATE OF DEATH ON Jan. 16		YEAR	TIME OF DEA	Р м			
	4. SOCIAL SECURITY NUMBER 220-10-6663	6. SEX 1 M 2 XXF 6. AGE (In yrs. lee	YRS.	MONTHS DAVE		7. DATE OF BIRTH (Month, Day, Year) March 19	1921 Mary		and	oreign			
TOR	90. FACILITY NAME (If not institution, give at  Northampton Man		96		rederick	ATN	9c. COUNT Fre	ederi					
DIRECTOR	10a. STATE 10b. COUNTY	ederick		own on Loca rederi				d. INSIDE CIT LIMITS?					
FUNERAL	106. STREET AND NUMBER 200 East	l6th St.		10	1. ZIP CODE 21701			COUNTRY?					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXVivorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No 14	Black, W	American Ind Thite, atc. White	lan,			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USI Silve kind of work Do NOT use re SECTE	done during mo tired.)		wire b			cturi	ng			
BE CON	17. FATHER'S NAME (First, Middle, Leet) Thurman	M. Shorter			16. MOTHER'S NA	ME (First, Middle, Meiden Margar		Mered	lith				
TO B	190. INFORMANT'S NAME (Type/Print)  Ms. Margaret L. Smith  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  6947 Hatfield Court, #206 Frederick MD												
	20e. METHOD OF DISPOSITION  NXX Burdel 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other plaps)  East New Market Cemetery 1/20 East New Market Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge MD 21613  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart fellure. List only one cause on each line.  iMMEDIATE CAUSE (Final												
	a. ASPIRATION PRODUCTS  B. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  B. DOMONTA (ALZITOLMORS TYPE)												
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	DIABOTOS		the underlyin	g cause given in	Part i. 24a. WAS AF PERFO	RMED?	AV CC OI	ERE AUTOPSY MILABLE PRIO DMPLETION OF F DEATN?	R TO CAUSE			
IN: ME		1+ Y PORTOUSIO	~			_		1	YES 2	NO			
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 25 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient :	3 DOA 4)	THER:	ne 5 Residence								
ВУ РН	27. MANNER OF DEATH  1 Netgral 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	RED					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number City or Rown, State)								le Number,				
COMPLETED	2001	CIAN: To the best of my knowledge, d R: On the besis of examination end/or							nd manner ee	stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI		29d. DATE		7 15 G	)			
5	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Pri	int)									

19 Frederick Avenue, Walkersville, Maryland 21793



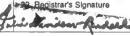
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State of Maryland / Department of Health and Mental Hygiene 5 0 2 6 8 2

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Exami	ner	4e. Fecility Name (If not Institution, gi	va street and number)				or Location of Death	4c. County	of Death	
		PENINSULA REG. 5. Social Security Number 8.		AL s. last birthday)	If Under 1 Yeer	Salis	Sbury	WICO	OMICO	
Funeral Director		217-16-9155	120 M 2□ F 74	Yrs.	Months Days	Hours Mi	rs. 8. Data of Birth (Month, Dev 10/14	/1921	Mary	ece (State or Foreign try) Land
ž ==		Usuai Rasidance of Decedant  10a. Stata 10b. County	10c. (	City, Town or Loc	ation				10	Od. Insida City Limits
items 23a or 28a-f show iter must be notified at	2	Maryland Worces	ter Poc	omoke	City					1 ☐ Yes 2 ☑ No
r 28a	9	Maryland Worces	100	OMORE	10f. Zip Coda			10g. Citizen of V	What Count	try?
23a o	a D	4435 Stockto	n Road		21851			τ	ISA	
E E	Funeral	11. Meritel Stefus	12. Was Dacedent Evar In Armed Forcas?	U,S. 13. W	es Decedant of F	lispanic Origin?	(Specify Yes or No-	14. Rac	a - America k, Whita, a	
9 🖺	by	1 ☐ Nevar Married	1 ☐ Yes 2 2 No If Yes, Give Yeer or Datas:		□Yas 2⊠No	Specify:	, , , , , , , , , , , , , , , , , , , ,	Specify		
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ther than "natu ent, the Medical	ple	Elementery/Secondary (0-12)	Collaga (1-4or 5+)	iifa. D	O NOT usa retire	d)	TOTALING			
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7 is marked traumatic e	2			405 84-10-	A dd (044	Ethel	Shockl	-	0	0.11
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ΕŽ		20a. Mathod of Disposition		Placa of Dispos	ition (Nama of		rdletre	e, Ma. 20c. Location -		
Important: If ite any injury or of once.		1 Burlei 2 ☐ Cramation 3	Ramoval from State	camatery, crem	etory or other ple	,				
njen		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice			ptist (			Pocomo	ke C	city, Md
any l		21. Signature of Furieral Salvice Lice	11300	22.	Name and Addre Melson	Funera	l Home			
ledical aminer	er	immedlete Causa (Finai disaasa or condition resulting in death)	a. NULTPLE Dua to	TWING (or as e consequ						
physician and s the burial-transit	Examiner	Sequantially list conditions, if eny, laading to immadiate cause. Enter Undarlying Cause (Disease or injury	b. — Dua to	(or es e consequ	eance of):			-		
ding physici se as the bu	/Medical	that initiefed evants resulting in death) Lest	c. Due to (	or es e consequ	ence of):					
the attending the hed for use as	Physician/M	Part ii. Other significant conditions	contributing to death but not re	sulting in the un-	derlylng cause giv	van in Part I.	23b. Dld to	obacco uee co	ntribute to	the cause of death?
igned by the be detached	by Phy						1 🗆 1	00 2 No	3 Prob	ably 4 Unknow
peen s should	Completed						24a. Was a perfor		con	re eutopsy findings illable prior to inpletion of cause leath?
2 8	E O						197	as 2 No	19	Yes 2 No
certificate rector, pag	Bec	25. Was case refarred to medical				28. Piaca of D	eath (Check only or	HELL CO.		
O 0	To	axaminer? 1 ⊠ Yas 2 □ No	Hospifel: 1 Inpatiant 20	XER/Outpatient	3□ DOA Oth	er: 4 Nursing	Homa 5 ☐ Rasid	ance 8 Oth	er (Specify	)
After th funeral		27. Mannar of Death 1 □ Naturei 5 □ Panding	28e. Data of injury (Month, Day Year)	28b. Tima of Injury	28c. injur Wor	y at	28d. Dascribe h	ow Injury occur	red Pr	CKUP
the fu	atic	2 Accidant investigation	n 1 11 96	1556		Yas 2 No	DUINER	l ofca	RST	much s
D C	Certification:	3 Suicide 6 Could not be determined	building, atc. (Space	noma, farm, stra- ify)	af, factory, office		28f. Location (S City or Tow	n, Stete)		Route Number, LO
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o the Funeral Dir ompietely filled in	Medical	29b. Signatura end titla of certifier			29c. Licens	e number	2	9d. Data signe	d (Month, L	Day, Year)
within 24 hours after deat  To the Funeral Director: completely filled in by the		UNIV)	ethele		o.c.				,	Day, Year)

State Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF GEATH JAN. 21 1996 545 P M ELIZABETH SHARPS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2 - F AUG. 12 1924 219-16-0252 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR 1810 ROBERTSMALL ROAD ANNAPOLIS ANNE ARUNDEL 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO MARYLAND ANNE ARUNDEL ANNAPOLIS permit. FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 21401 1810 ROBERTSMALL ROAD USA or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. 1 Hever Married 2 Merried 1 TYES 2XX NO Specify: BLACK BY Specify 3 Widowed 4 Divorced detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) DOMESTIC SOME ONE ELSE HOME 6th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) the should by the 75 BE RENIAMIN BROWN SR MARRY TAYLOR funeral director, page 5 should notified 19e. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EMANUEL TONGUE PETERS WAY ANNAPOLIS, MD. 21401 death. Page 6 may be pe 20e. METHOD OF OISPOSITION
1 ☑ Burlet 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must HILL CREST CEMETERY 4 Donation 6 Other (Specify) \_ 1/26/96 ANNAPOLIS, MD. examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. oy the fur-Larry Keese 821 WEST ST. ANNAPOLIS. MD. 21401 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between 6 Onset and Death IMMEDIATE CAUSE (Fine) cremation, the disease or condition Metastatic 8 mos cell Ilsme lung cancer event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 If any, leading to immediate physician prior CAUSA Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events - Build resulting in death) LAST 20 the atter Mental PART II. Other algoriticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AH AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL S P PERFORMED? MAIL ARLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? signed Health a 1 YES 2 7 Shows 1 TES 2 HO been . PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate by the State EXAMINER? HOSPITAL . OTHER:
4 ☐ Hursing Home 5 Residence 6 ☐ Other (Specify) 1 Inpetient 2 ER/Outpatient 3 DOA 10 27. MAHNER OF DEATH 28e. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28c. IHJURY AT WORK? 26d. DESCRIBE HOW SHJURY OCCURED this ( marked, 1 Hetursi 5 Pending 1 YES 2 HO BY After 2 Accident 3 Suicide PLACE OF IHJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 99 COMPLETED OIRECTOR: hours after of 4 | Homicide 28 Tem 29e. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. FUNERAL ( -TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 172115 D44465 M.D 196 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Messey, M.D Koad Bertgale Annapolis MD 21401

31. DATE FILED (Month, Day, Year)

JAN 25 1996

32. REGISTRAR'S SIGNATURE

bi Sandson Rockell

BALTIMORE, MARYLAND 21215-0020

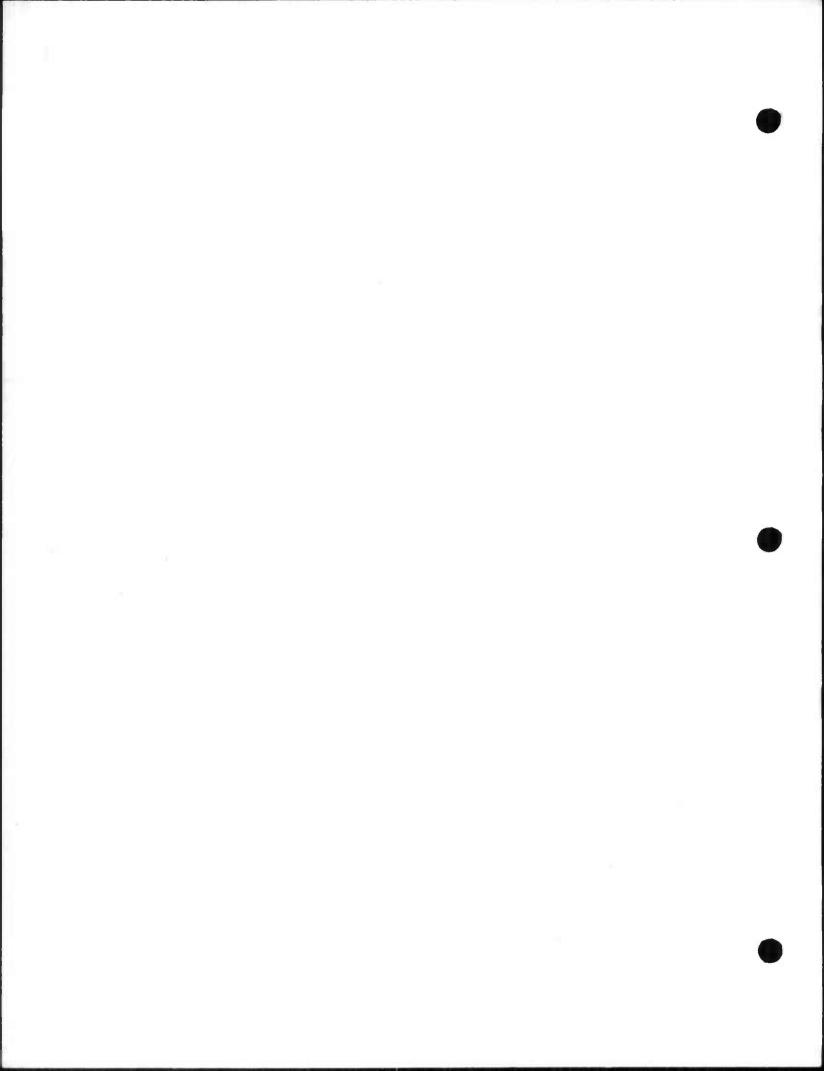
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		1 - STATE STATE REGISTRAR	OF MARYL	AND /	DEPAR	TMENT	OF H	EALTH A	ND ME	NTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last)	DATE OF DEATH			3. TIME OF DEATH									
	1		ark Stair									YEAR 296	12:24 P M		
	- 1	4. SOCIAL SECURITY NUMBER 5. SEX	_	,	t birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)	- 1	B. BIRTH Countr	PLACE (State or Foreign		
		216-18-1031 1 M 2  9e. FACILITY NAME (If not institution, give street end nur		<u>'5</u>	YRS.					Oct. 22, 19	920 F		sylvania		
α.	.												UNTY OF DEATH		
DIRECTOR		RESIDENCE OF DECEDENT	ospitai			- 11	euer	TCK			Frec	ederick			
H. H.		10e. STATE 10b. COUNTY	IDE. CITY, TOWN ON EDGATION								10d. INSIDE ( LIMITS?				
		Maryland Frederick			Bru	ınswi							t X YES 2 □ NO		
PA		O Couth Viscinia Aven					101.	ZIP CODE			7		VHAT COUNTRY?		
FUNERAL		8 South Virginia Avenu	ECEDENT EVER IN	IIIS AR	MED	19.5	MAS DECI	21716		NOTONIO (D M M		JSA			
	- 11	t Never Merried 2 Merried FORCE	S? 1 X YES	2 N	10		t yes, spe	city Cuben,	Mexican, P	ORIGIN? (Specify Yes uarto Rican, atc.)	or No 1	Black	— American Indian, , White, etc.		
BY BY	- 11		ld War I	I			YES	2 X NO	Specify:			Wh i			
once.		15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(G/	ve kind of s	USUAL O	CCUPATIO	N It of working		18b. KIND OF BUS	SINESS/INDU	STRY			
1		Elementary/Secondary (0-12) Coffege (	1-4 or 5+)		akema					Railro	a d				
nca.		17. FATHER'S NAME (First, Middle, Lest)		DIC	remo	111		10 MOTHE	D'O MARKE	First, Middle, Melden					
at a	- 10	John William Stair								anch Kin					
Belled		19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street er			Number, City or Tow		Code)			
be notified at once.  TO BE COM		Josephine E. Stair								ck, MD 2					
ust b		20e, METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from S	20b.	PLACE A	ND DATE	OF DISPOS	ITION (Na	me of		OATE 20c. LO	CATION — C	ty or To	wn, State		
E	į	A Doneston 5 Other (Specify) Fairview Lutheran Cemetery 1/20 Bolivar, WV													
E	Eackles-Spencer Funeral Home														
E _	4	Harpers Ferry, WV 25425													
or other traumatic event, the medical examiner must	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heert failure. List only one ceuse on each line.											Approximata interval Batween			
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m,	N	resulting in death)  a. CARCINDMA LUNG.  Due To (OR AS A CONSEQUENCE OF):										ZYEAVI			
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ry, or other traumatic CERTIFICATION	Sequentially list conditions, our TO (OR AS A CONSEQUENCE OF):											G MONTHS			
E S		cause. Enter UNDERLYING CAUSE (Disease or Injury													
# E		that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEO	UENCE OF	F):									
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EDIC EDIC		DEMENTIA	<del></del>							1 TYES 2		1	COMPLETION OF CAUSE OF DEATH?		
2   ≥													1 🗌 YES: 2 🗍 NO		
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를 일		EXAMINER? HOSPIT				OTHER	l:			LARTE AREA					
5 >		27. MANNER OF DEATH 28e. C	DATE OF INJURY	mient 3	28b. TIM	-	28c, INJU			Other (Specify)	NURY OCCU	BED			
marked, BY PH		Natural 5 Pending	Month, Day, Year)		INJ	URY M	WOF	RK? ES 2 N							
. O	Ì	3 Suicide 8 Could not be	LACE OF INJURY	At hor	ne, ferm, s	street, facto	ory, office		281	LOCATION (Street o	nd Number or	Rural R	oute Number,		
28 T	ı	4 Homicide determined	analy, and topoco	.,,						City or Town, State)					
IMPORTANT: If item 2  O BE COMPLET		29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowle	edge, des	th occurre	d at the ti	me, date o	end place, en	d due to th	ne cause(e) and men	ner ee stated	),			
		One) 2 MEDICAL EXAMINER: On the ba	ele of examination	end/or Ir	rvestigatio	n, In my o	pinion, de	ath occured	at the time	, date end place, and	d due to the	cause(e)	end manner as stated.		
SE SE		29b. SIGNATURE AND TITLE OF CENTIFIER						29c. LICENS					(Month, Day, Year)		
T P		D4309/ 1										-16.	96		
1	Control of the state of the sta										2/70/				
	-	31. DATE FILED (Month, Day, Year) 32, 41				PIVIE	240		1-12	EPERICK	, N	11)	2170/		
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FOR STATE REGISTRAR

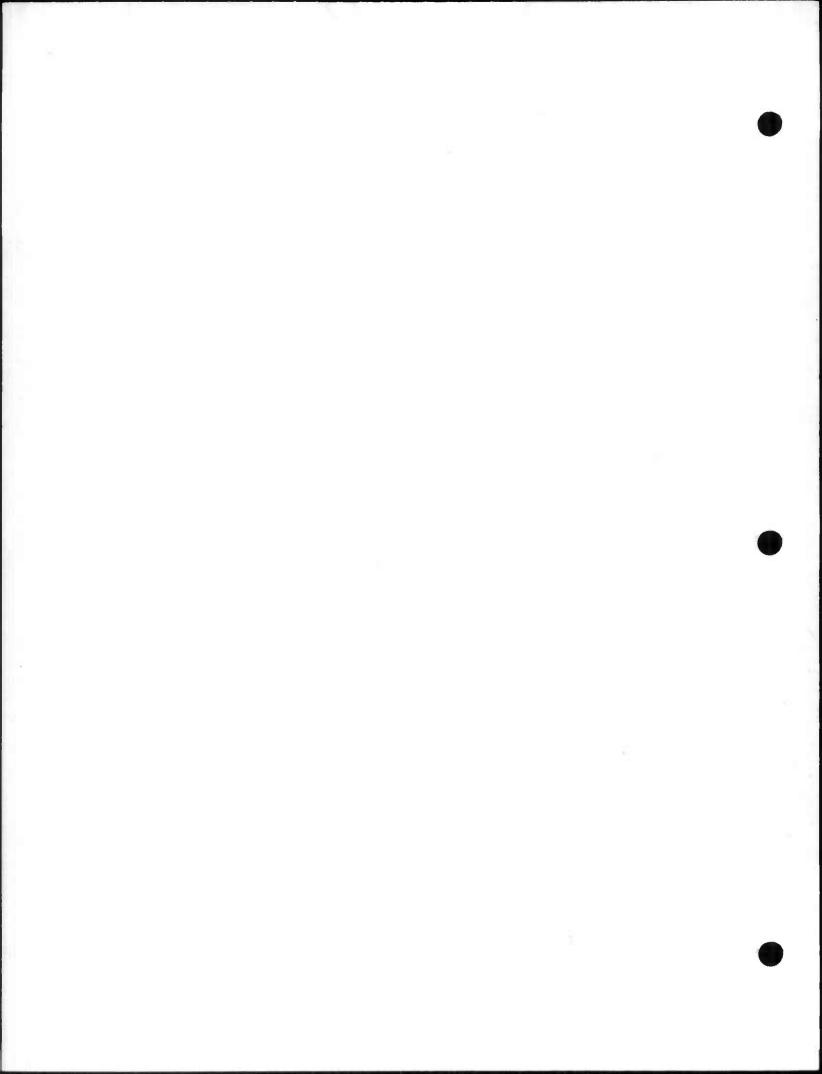
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH YEAR Charles **Glenwood** STOCKS 1996 January 16 8:00 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign May 31, 216-14-5244 1X M 2 | F 72 YRS. Maryland permit. Pages 1, 2, 3 should So, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF OFATN 212 North Delaware Avenue DIRECTOR Brunswick Frederick RESIDENCE OF DECEDENT 10b. COUNT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Brunswick 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 North Delaware Avenue use as the burial-transit 21716 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 | X YES 2 □ NO IF YES, GIVE WAR OR DATES | O2/27/1943-O2/17/1946 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 N Divorced Specify: White Ide. DECEDENT'S USUAL OCCUPATION

Idea description of working most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) Bricklayer/Mason Construction once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen STOCKS notified at Masselle BE DEAN page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Stephanie C. Armacost 11005 Georgetown Pike, Great Falls, VA 22066 3 20e. METNOD OF DISPOSITION
1 ☐ Burlal 2 🔀 Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must funeral director, Smithsburg Crematory Jan 19,1996 Smithsburg, Maryland 4 Donation 5 DOther (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Keeney & Basford P.A. Funeral Home hours after death. outh hy M00706 106 East Church St, Frederick, MD 21701 completely filled in by the 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Betwe cremation, or IMMEDIATE CAUSE (Final Onset and Death PANCREATIC disease or condition ARCINOMA MO5 traumatic event, resulting in death) **OUE TO (OR AS A CONSEQUENCE OF)** executed prior to bunal, CERTIFICATION and Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate has been signed by the attending physician Dept. of Health and Mental Hygiene prior to ಜ cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TES 2 NO COMPLETION OF CAUSE OF DEATH? requires Shows I YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) DIRECTOR; After this certificate hours after death with the State HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Oulpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1/2 Natural 5 Pending 1 YES 2 NO BY Investigation OR ATTENDING 2 Accident 28s, PLACE OF INJURY — Al home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 00 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 200 4 Nomicide He H 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE HOSPITAL (
THE FUNERAL D
filed within 72 h (Check only one) IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 016675 16 2 2 3 2 30. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mn 21716 GMER MUNSULCK 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE STRAR'S SIGNATURE RANGELL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						IFICALE C		REG. NO			
			1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
			SHERMAN	WOODROW	STU	LL		JANUARY 1	1996AR	8:40 P.W	
			4. SOCIAL SECURITY NUMBER	5. SEX 5. AGE	(In yrs. last birth	(ay) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH			
			215-34-2788	45344574		MONTHS DA		(Month, Day, Year)	II, IBHT	THPLACE (State or Foreign ntry)	
	목	1		41	58 YF			June 14.	1937 Ma	arvland	
	should	~	9a. FACILITY NAME (If not institution, give :			96. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATN	
	2,	DIRECTOR	Frederick Memorial Hospital Frederick Frederic								Jan 2 . 1.
		5							I . rret	lerick	
	Š	2		Υ =	10c	CITY, TOWN OR LE	DCATION			10d. INSIDE CITY LIMITS?	
	permit. Pages			ederick		Thurmon	t			1 YES 2 NO	
	E	A	10e. STREET AND NUMBER				101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
		FUNERAL	12709 Layman Roa	đ			21700		United	Chahaa	
cian	burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS	21788	NIC ORIGIN? (Specify Yes		States	
)20 Shysi	Bring		1 Never Married 2 K Married	FORCES? 1 YES	2 NO	If yes	s, specify Cuban, Mexico	nn, Puerto Rican, etc.)	or No — 14, HA	CE — American Indian, ick, White, etc.	
5-0020	9	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES AL	1 🗆	YES 2 NO Specif	<b>y</b> :	Spe	White	
15 tend	88	8	15. DECEDENT'S EDU	CATION	Tan DECEDE	IT'S USUAL OCCUI	247.04				
2121	25	ET	(Specify only highest grade		(Give kin	of work done during	g most of working	166. KIND OF BUS	SINESS/INDUSTRY		
Sital S	0	7	Elementary/Secondary (0-12)	College (1-4 or 5 +)							
Z S	once.	COMPL	10		Pai	nter			f Educat	ion	
A #	5 6	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
3	a ta	BE	Woodrow Wilson	Stull			Anna	belle Hewi	t.t		
MARYLAND retained by the hospit	o should	2	19a. INFORMANT'S NAME (Type/Print)		19b, MAI	ING ADDRESS (Str	eet and Number or Rural	Route Number, City or Town	n, State, Zip Code)		
2 5	2 2	F	Mary L. Stull		127	09 Lavma	an Road T	hurmont, M	0 21700	1	
E ye	9		20s. METHOD OF DISPOSITION	20	h PLACEANDD	TE OF DISPOSITION	M /Alama of	20-10	CATION ON	Town Charles	
0 5	must		1 Donation 6 Other (Specify)	oval from State	metery, crematory	or other place)	irch Of Ch	mict 1/17//	06 01	lesville, MD	
Z 6			21. SIGNATURE OF FUNERAL SERVICE LI	ENGEE /7	arch of	22 NAM	E AND ADDRESS OF FA				
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician.	e nuneral director, I. examiner must			) _ /	0			Stauffer	r Funera	1 Homes, P.A.	
3A	n = e		Janny (X	1. Deur	refl	1621	Opossumt	own Pike	Frederic	k, MD 21702	
S all	SE S		23. PART L Enter the diseases, or	complications that cause	the death.	o not enter the	mode of dying, suc	h as cardiac or respi	ratory srrest,	Approximate	
nours	3 6		shock, or heert failure.  IMMEDIATE CAUSE (Final	List only one ceuse on	esch line.					Interval Between	
7 8	cremation, or		disease or condition	·	00	+ .			pow	Onset and Death	
佐 7	D C 0								1 .	1	
0 = 1	E 5	1	reaulting in death)	. Superior	1 162-	ENLELIC	quant	021/2 C 12	chemia	( days	
760 tel with	5 - 6		resulting in death)	DUE TO (OR AS	A CONSEQUENCE	EOF:	(homb	0218 C 17	chemia	( doup	
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DIVISION OF VITAL RECORDS, P.O. BOX 68 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed integration of the destination of the state of the destination of the state of the destination of the state of the destination of the state of the	Interior Control of the United of the Cate Control of the Cate Control of the Cate Control of the Cate Control of Health and Mental Hygiene prior to burial, PORTANT: If I lean 28 is marked, or Item 23 shows any injury, or other traumatic entrol of the Cate Control of the Cate Cate Cate Cate Cate Cate Cate Cat	BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Abdown ACT  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS.  DUE TO (OR AS.	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not result!  OF DEATH  26. PLACE OF I  28b.  Y—At home, fail  viedge, dasth ocon and/or investignment  EATN (ITEM 27) (	TIME OF INJURY M 1   m, street, factory, coursed at the time, coursed at the time, coursed at the time, in my opinion bype, Print)	ying cause given in  Carcia  UNCERTAII  One)  Home 5   Rasidence  INJURY AT WORK?  YES 2   NO  Office  data and place, and due  n, death occured at the  29c. LICENSE NUM  D 219	Part I. 24a. WAS AN PERFOR  1 YES 2  1 CTCC  6 Other (Specify)  28d. OESCRIBE NOW IN  City or Town, State)  to the cause(a) and man time, data and placa, and	AUTOPSY 24 MED? 24 NJURY OCCURED  INDURY OCCURED  INDURY OCCURED  INDURY OCCURED  INDURY OCCURED  AUTOPSY 24  INDURY OCCURED	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number;  (a) and manner as stated.	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

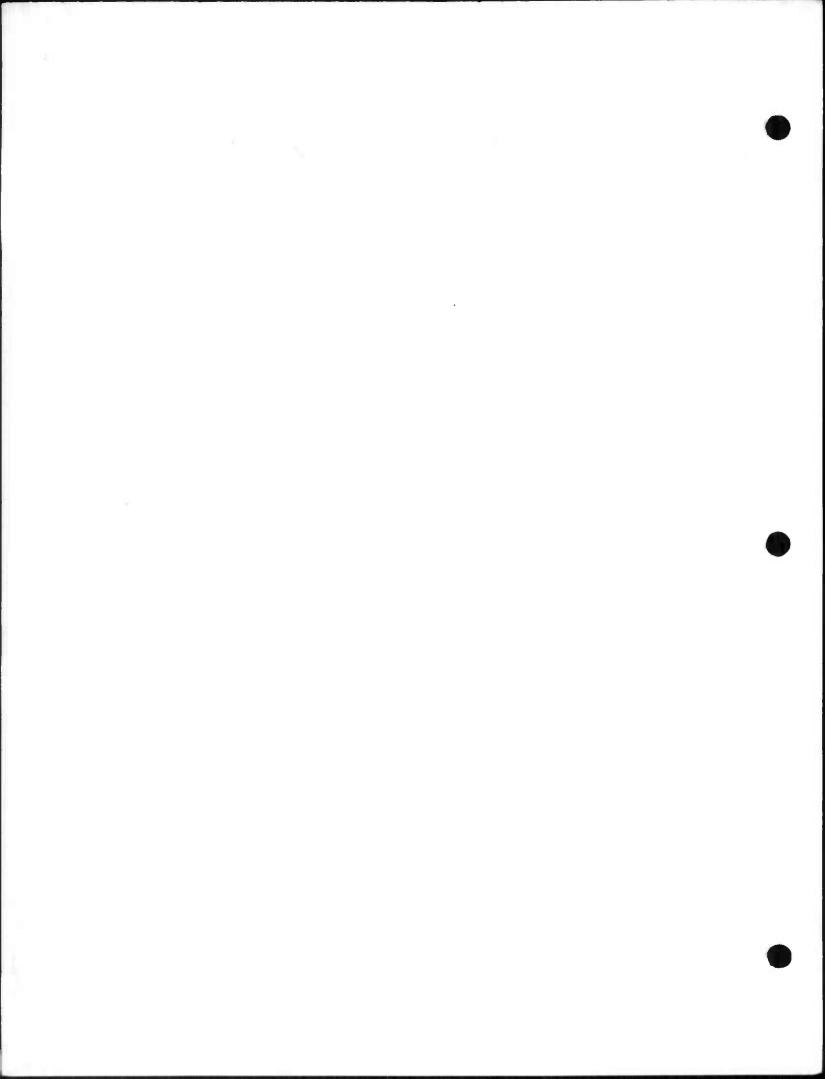
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE (	OF MARY	YLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	RTIFICATE	0	F DEAT	TH_		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH	- V	3. TIME OF DEATH			
	MARY ISABELLE					Jan. //	156	0525 "			
	000 00 0001	5. SEX 1   M 2   F   87	n yrs. laat birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF LINESER 24 HRS. HOURS MIN.	7. DATE OF BUTTH (Month, Day May) Oct. 23,	1908	BUTTHPLACE (State or Foreign County) Pennsylvania			
_	9a. FACILITY NAME (If not institution, give street			111	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	Homewood Reti	rement Comm	unity	Willia	msport		Wa	shington			
EC	10a. STATE 10b. COUNTY			y, town or locat				10d. INSIDE CITY			
	Maryland Washi			1 YES 2 NO							
FUNERAL	16505 Virginia Av	enue	***	101	21795		U.S.	A .			
	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	If yes, spi	ecify Cuben, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No 14	. RACE — American Indian, Black, White, etc.			
D BY	3 Widowed 4 Divorced			1 TYES	A			Specify: White			
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during model or retired.)	on st of working	166. KINO OF BU	SINESS/INDUS	TRY			
APL.		ne year		1 Secret	ary		Vone				
SON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)				
BE	John David Eshlem	an				a Athey B					
10	19a. INFORMANT'S NAME (Type/Print) Howard McLaughlin	Smith	196. MAILING 16505	Virgini	a Ave.	#162 Will		code) port, M.d 21795			
	20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION — City or Town, State carnetery, cremetory or other place)  Smithsburg Crematory  1/11/96 Smithsburg, Md.										
	21. SIGNATURE OF FURBILAL SERVICE LICEN		ultusbur			1/11/96	omiths	ourg,Md.			
	Sofiel &	triley4	7	1201	T E. DAI N. Marke	LEY & SON	FUNER. lerick	AL HOMES, P.A., Md. 21701			
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	polications that saused st only one cause on as	tha daath. Do r	ot antar tha mo	da of dying, suct	n ss cardiac or reap	iratory srres	Approximate interval Between			
	IMMEDIATE CAUSE (Final disesse or condition	Dalas	/	/				IIII VAI DALWARII			
	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF	te (	10100	wanto.	480	Onset and Death			
z				,							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):							
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE OF		<u> </u>						
H	that initiated events resulting in death) LAST	TO (OIL NO X	OUNDEDOENCE OF	·				į į			
	PART II Other circliffeest as differen										
CAL	PART II. Other significant conditions	contributing to death bu	it not reaulting i	n the undarlying	cause givan in I	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO			
EDIC	Donagia	(1)				1 PYES 2	□-HQ.	OF DEATH?			
1: M	Dictor (Ma	Mille To	11					1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TICIS (	ell-	26. PL	ACE OF OEATH (Che	ock only one)					
YSIC	4 17 1980 0 17 110	OSPITAL:	tlent 3 🗆 DOA	OTHER:	5 Residence	8 Other (Specify)					
PH	27. MANNER OF OEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		JRY AT	28d. DESCRIBE HOW	NJURY OCCUP	EO			
ΒY	2 Accident Investigation				ES 2 NO						
TED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif	— Al home, ferm, s	treet, factory, office		281. LOCATION (Street City or Yown, State)	and Number or	Rural Floute Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:							Buse(a) and menner as stated.			
ш	29b. SIGNATURE AND THE OF CERTIFIER				29c. LICENSE NUM			GNEO (Month, Day, Yeas)			
TO B	(Myo)				026	806	Na	2 11196			
ř	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF OEA	TH (ITEM 27) (Type,	Print)	Non	20/4.	100	> / 7 / / 5			
- 1	31. DATE FILED (Month, Day, 1997) 1996 32. RÉGISTRATES SIGNATURE  JAN 7 1996 32. RÉGISTRATES SIGNATURE  JAN										



REG. NO.

FOR STATE REGISTRAR

31, DATE FILED (Month, Day, Year)

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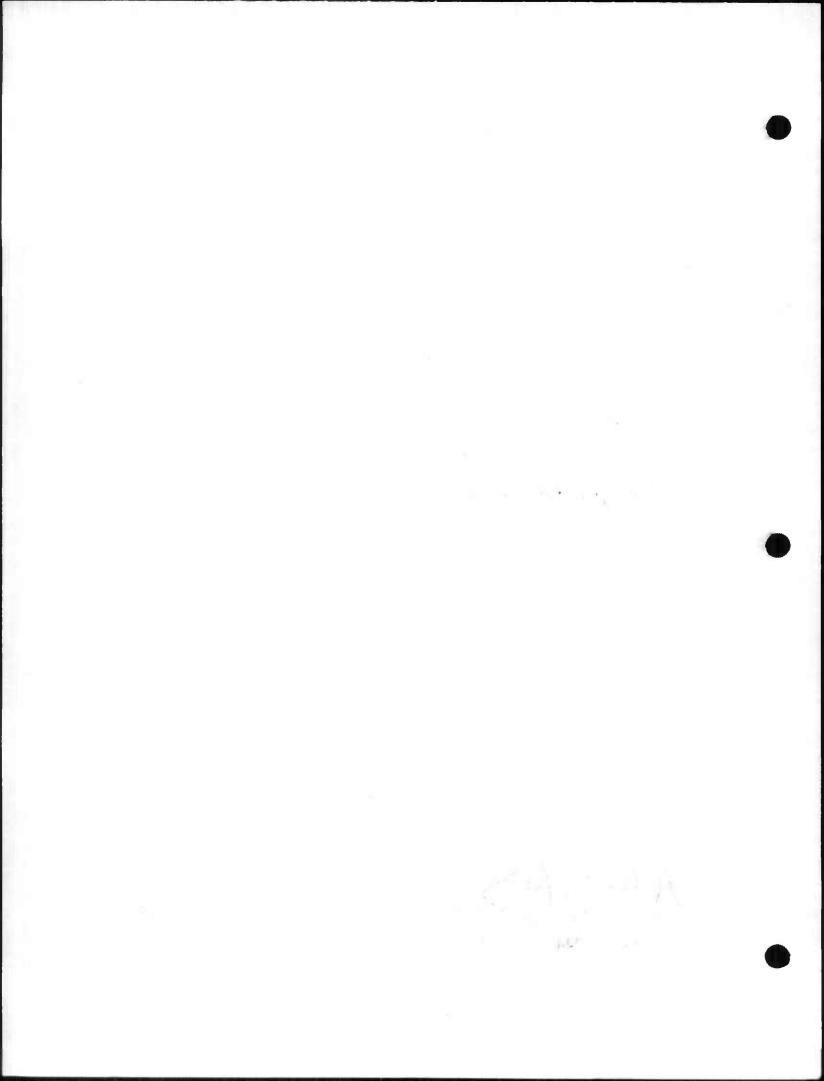
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OF VITAL RECORDS,	
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1996 January 10 9:30 pm SHANKLE Mary Margaret 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Jul 14, HOURS 217-10-9628 1 M 2 X F 100 1895 Washington, DC Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Meridian Nursing Center Frederick DIRECTOR RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Frederick Frederick Maryland 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 462 Carrollton Drive 21701 use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify White 1 YES 2 X NO Specify: BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe 100 Elementary/Secondary (0-12) College (1-4 or 5+) Practical Nurse Home Health Care be detached 6 once. 17. FATNER'S NAME (First, Middle, Last) John HAUGH Ħ UNKNOWN notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Barbara A. Locke 2 East 13th Street, Frederick, Maryland 21701 pe 20a. METNOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State DATE must Hope Cemetery Jan 16, 1996 Woodsboro, Maryland 4 Donation 5 Other (Specify) . examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE <sup>22.</sup> NAME AND ADDRESS OF FACILITY
Keeney & Basford P.A. Funeral Home M0706 106 East Church St, Frederick, MD 21701 filled in by the fion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween shock, or heart feiture. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel the Nyocardial cremation. disease or condition munutes resulting in death) event, E03 burial, other traumatic CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 8 if any, leading to immediate cause. Enter UNDERLYING Hygiene prior CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 0 the atten Mental h Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS s been signed by the PERFORMED? MAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO shows : requires 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO s certificate has been th the State Dept. ( UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only o 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item HOSPITAL OTHER:
4 Nursing Nome 5 Realdence 6 Other (Specify) 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA PHYSICIAN: 6 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26d, DESCRIBE NOW INJURY OCCURED this c is marked, 1. Natural 5 Pending investigation TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If item 28 is marke 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Sulcide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Nomicide 29a. CERTIFIER (Check only one)

To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D26516 ▶ January 11,1996 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Allen J. Gilson, MD 1475 Taney Avenue, Suite 204, Frederick, Maryland 21702 32. REGISTRAT'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

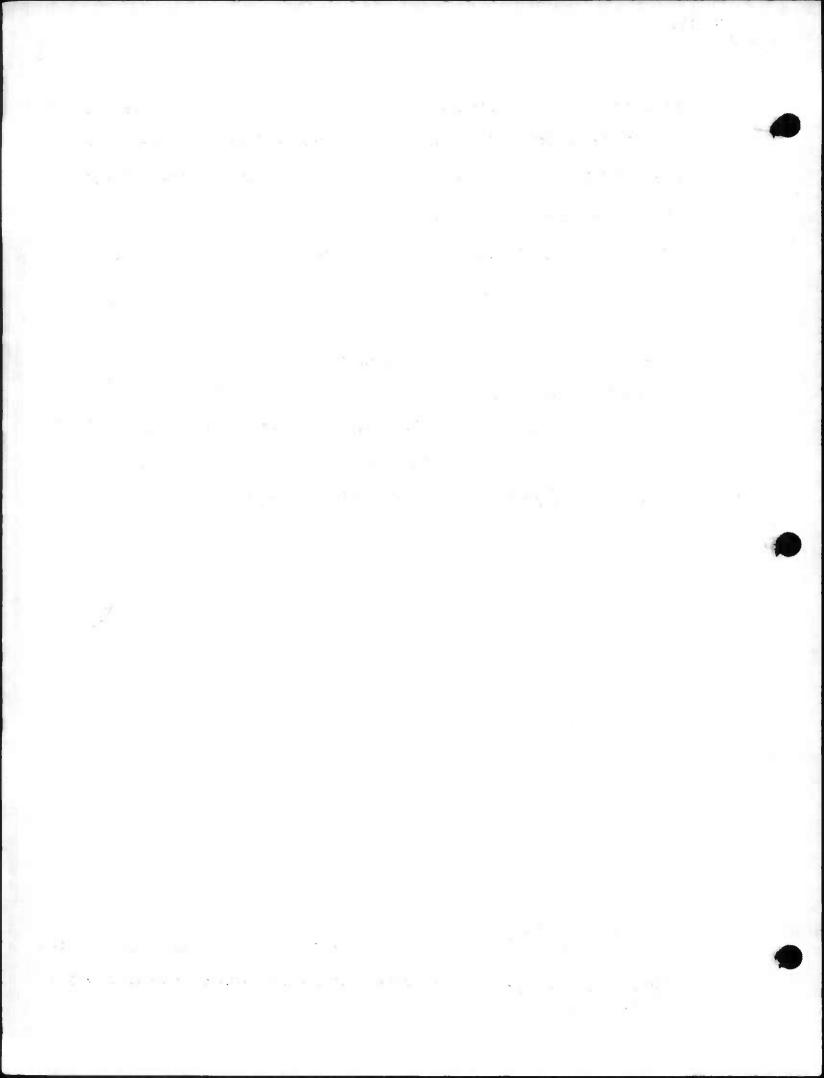


## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

				State of Ma	aryland /		artment <i>rtificate</i>					giene 与 Reg. No.	16	026	89
	Physic	ian	Decedent's Neme (First, Middle, La. GREGORY A.	•	RKEY						2. Date of Dec Month JAN	ath	996	3. Time of	
9	/Medi <b>✓ Exami</b>		4a. Facility Name (If not institution, give WASHINGTON COU	e street and number)				1 1	tb. City, To	wn, or Loc	ation of Deeth	4c. County			04 AN
	Funeral Director		5. Social Security Number 6. S 220-90-0788  Usual Residence of Decedent	√IM 2□E	e (In yrs. last	birthday) Yrs.	If Under Months	1 Year Deys	If Under Hours	Min.	8. Date of Birt (Month, De)	h y, <i>Year</i> ) 1972		place (State on try)	
	e Maryland a-f show	ctor	10e. Stete 10b. County MD Washin	gton	10c. City, Te								1	0d. Inside Cl	
	23a or 28	rai Director	10e. Street and Number 161 Summit Ave	. Apt.3	5		10f. Zip (	Code 174	0			10g. Citizen of U	What Cour	-	
020	2 should be filed within 72 hours after death with the Manyland and Mental hygiene.  Is marked other than "natural", or items 23a or 28a-f show raumatic event, as Medical Francher must be nothed	by Funeral	11. Merital Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	If Vac Cina			S. 13. Wes Decedent of Hispanic Origin? (Sr If Yes, specify Cuben, Mexican, Puerto						e - Americ ck, White, Y: Whi	etc.	
21215-0020	d within 72 ho giene. r than "natur or Moulcal	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12) GED	Jucation de completed) College (1-4or 5		(Give life.	dent's Usual kind of work DO NOT use	k done d e retired	durina most	t of working	g	16b. Kind of B		dustry	
Maryland	tal Hyy d othe	Be C	17. Father's Name (First, Middle, Last)			F						paint Meiden Surnan	ne)		
7	d Men marke	10	Joseph N. Starkey  19e. Informant'a Name/Relationship (Type, Print)			Ob Maille	an Astronom	/04===4			a Kinr		Q	0.41	
s, Marylis and 2 should satth and Mer n 27 is marks wer traumatic			Donna S. Hoffm									er, City or Town, Sburg			7
Baltimore,	Pages 1 nent of Hi int: If iten ury or oth		20e. Method of Disposition  15d Burial 2 Cremetion 3 C  4 Donation 5 Other (Specify		20b. Plece ceme	of Dispo	osition (Nam matory or oti	e of			Date /16	20c. Location Bealls	City or To	wn, Stata	
Balt	Departic Departic Imports any inju		21. Signature of Funeral Service Licen	1		Н	Name end	n F	uner	y al H	ome				
1	Physician /Medical Examiner	er	23a. Part1. Enter the disease, or compshock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)		the death. D			of dyin	g, such as	cardiac or	respiretory er	rest,		Approximate Intervel Bette Onset and I	Neen
8/60,	death certificate be asscuted a attending physician and of for use as the burial-transit	dicai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events												
Box 68	leath certificat attending phy I for use as th	an/Medi	resulting In death) Last  Due to (or as a consequence of):  d.												
. r.c.	requires that the deal een signed by tha att hould be detached fo	by Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contributs to the c					
ecords	2 is 2	Completed b								_	24a, Was perfo	an autopsy med?	av	ere autopsy f ailable prior to mpletion of c death?	0
<u> </u>	₹ agg										1 <b>2</b> Y	res 2□No	18	Yes 2	No
וסו עונט ו	Phys ral di	n: To Be	25. Was case referred to medical exeminer?  1 X Yes 2 □ No  27. Manner of Death	Hospital: 1 Inpatie	y 28t	Outpatien  Time of Injury	nt 3□ DO/	Othe Ic. Injury	er: 4□ Nu	rsing Hom		ne) lenca 8 □Oth now injury occur		y)	
	or Attand free deati frector: in by tha	Certification:	1 Naturel 5 Pending 2 Accident investigation 3 Solicide 6 Could not be 4 Homicide determined	1-8-1	96 U.  Ury - At home,  (Specify)	farm, str	eet, factory,	10	Yes 21⊠		Sf. Location (S City or Tow		er or Rure		
	To the Hospital or within 24 hours after To the Funeral Dir complately filled in	edicai Ce	29a. Certifier 1 Certifying Phyone) 1 Madical Exam	valcian: To the best of liner: On the basis of and manner sta	examination (	ge, deeth	occurred a	t the tim	ne, dete end pinion, deat	d place, an	d due to the d	cause(s) and ma	anner as s	lated.	tugers!
	To the To the comp	Me	29b. Signature end title of certifier	ThL					· M · E			29d. Date signe			96
8			30. Name and address of person who c	completed cause of de	eath (Item 23a 111	а) (Туре, Ре	Print) St	tre	et, I	Balt	imore	, Mary	land	2120	1

State Registrar

32. Register's Signature

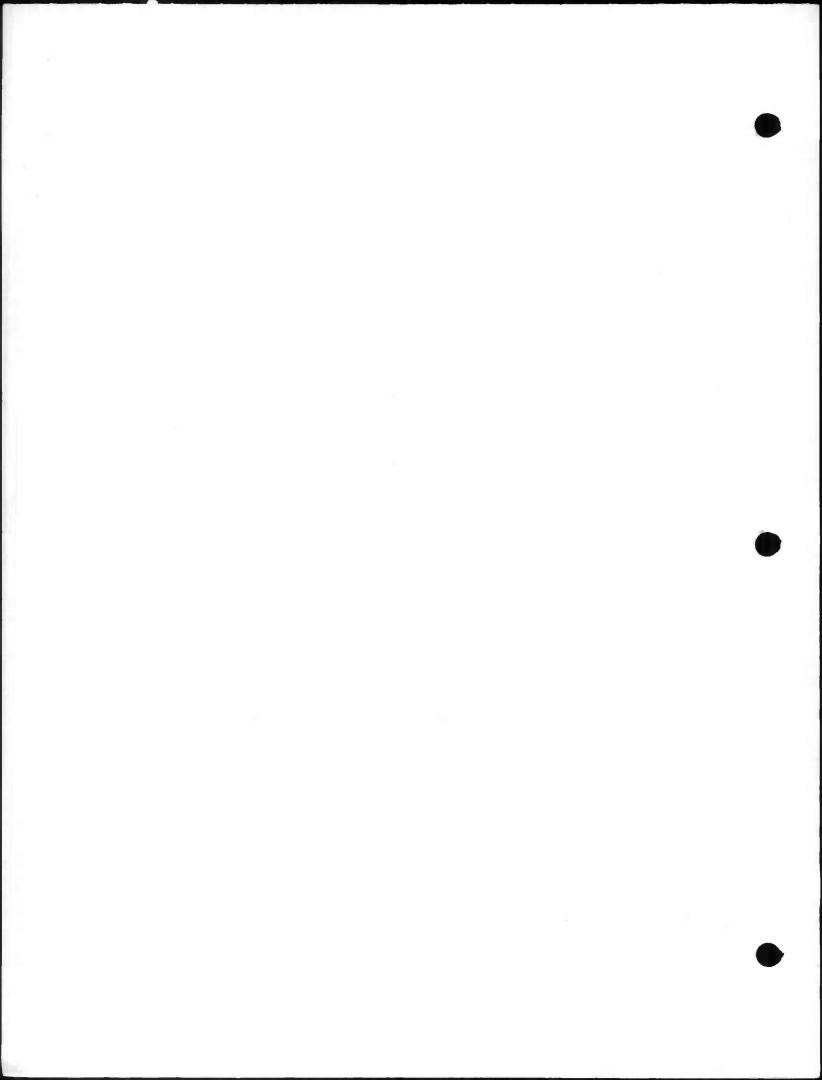


## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	FICATE OF	DEATH	REG. NO	),	
	T. DEGLECTI & HAME (1 23), MIGGIO, CEST)	MARY E	UPHEMIA :	MOTTHS			1996	3. TIME OF DEATH 6:31 D.
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	217-30-5783	1 🗆 M 2 💢 F	80 YRS.	MONTHS DAYS	HOURS MIN.	MAY 7 191		MITSBURG, ME
OB	9a. FACILITY NAME (If not institution, give s 8825 ORNDORFF ROA			THURM	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH DERICK
DIRECTOR	10a. STATE 10b. COUNT			TY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS? 1  YES 2 NO
AL.	10e. STREET AND NUMBER	_		10	I. ZIP CODE			OF WHAT COUNTRY?
FUNER	8825 ORNDORFF ROA	12. WAS DECEDENT EV	FR IN U.S. ARMED	13 WAS DEC	21788	NIC ORIGIN? (Specify Ye		RACE — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1 1 1 IF YES, GIVE WAR C	ES 2 X NO	II yes, sp		an, Puerto Rican, etc.)	or no=	Black, White, stc.  Specify: WHITE
ETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			S USUAL OCCUPATION  work done during mouse retired.)		16b. KIND OF BU	SINESS/INDUST	RY
	8	Contege (14 of 54)	HOU:	SEKEEPING	à	MT. ST	. MARY	S COLLEGE
COMP	17. FATHER'S NAME (First, Middle, Last)	JOHN B.	OTT, SR.			AME (First, Middle, Meider		rp.
BE	19a, INFORMANT'S NAME (Type/Print)	JUNIV D.		G AOORESS (Street a		IDA AMAND.  Route Number, City or Tov		
01	MARY MARTIN		1	2 ROSE CT			. 21727	
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DATE cametery, crematory or NEW ST.	other place)	S 1/9	1	MITCOLLE	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Skiles.	NEW SI.	22. NAME A	ND ADORESS OF FA	OR ITY	ES FUNE	RAL HOME
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR .	AS A CONSEQUENCE OF	OF):				7141
MEDICAL	PART II. Other significent condition	s contributing to dee	th but not resulting	in the underlyin	g ceuee given in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE ( 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		O CAUSE O		ES NO			
YSIC	1 TYES 2 X NO	HOSPITAL: 1   Inpetient 2   ER/				6 Cher (Specify)		
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		IJURY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide detarmined	•	281, LOCATION (Street City or Town, State		tural Route Number,			
COMPLET		CIAN: To the best of my in						use(s) and menner as state
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE			- Opinion, C	29c. LICENSE NU		29d. DATE SI	GNEO (Month, Day, Year)
				e, Print)	/ (0 0	(	I JAN	1 6, 1996
2	30. NAME AND ADDRESS OF PERSON WH	s beiner mu		LI.	^			
T	Ad confus 524 31. DATE FILED (Month, Day, Year)	S wednyt	n st E	rettys hur	Pc 1	7325	<u> </u>	<u>.</u>



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 2. 17. P.G.Co. 1/22/96 CR Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** Month Yeer 9, 19986 JANUARY 7:55 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Death 4c. County of Death **Examiner** CHEVERLY PRINCE GEORGES PRINCE GEORGES HOSPITAL | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | November 3, 1918 5. Social Security Number 579–09–0219 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1MM 2□ F Washington, DC Yrs. Director Usuel Residence of Decedent the Menyland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryla Department of Heelth and Maritel Physiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f shon any fujury or other traumatic event, the Medical Examiner mail to nothed Prince Georges Landover Hills Maryland 1X Yes 2 No Director 10e. Street end Number 6917 Varnum Street 101, Zin Code 20784 10g. Citizen of Whet Country? U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. 11. Maritel Stetus 1 ☐ Never Merried 2 X Merried 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by white 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elemantery/Secondary (0-12) D.C. Government College (1-4or 5+) D.C. Surplus Officer 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be William James Randolph Spahr Mildred Hobbs 2 Rudolph 19e. Informent'a Neme/Ralationship (Type, Print)
Nancy Rose Spahr 19b. Malling Address (Street end Number of Rural Route Number, City of Tourn, State, Zip Code) 6917 Varnum Street, Landover Hills, MD 20784 20b. Piece of Disposition (Neme of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State Washingoth Univ. Medical Ctr. Washington, DC 4 Donetion 5 Other (Specify) 22 Name end Address of Fecility Columbia Mortuary Services, Inc. 225 Missouri Avenue, NW, Washingotn, DC 20011 23a. P. 11. Entar the disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiretory errast, and sk, or heart failure. List only one cause on each line. Approximete tntervel Between Onaet end Death **Physician** Renal Failure /Medical Immediate Cause (Final Chronic mon Ta diseese or condition resulting in deeth) Examiner Examiner The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or injury that initieted evants resulting in deeth) Lest Due to (or es e consequence of) physicien s the buriel Box 68760, Physician/Medical Due to (or es e consequença of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilebla prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1□ Yes 2 No 1 Yes 2 No certificate of Attending Physician: 1 offer death.

Director: After this certifica 25. Wes case raferred to medical Be 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 2 27. Menner of Deeth 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Couid not be datarmined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homlcide

24 hours e Hospital edical to the 2 2

Registrar

29e. Cartifier (Check only one)

29b. Signeture end title of certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the causa(a) end menner steted. 29d. Dete signed (Month, Dey, Year) 29c. License number 043446

30. Neme and eddrass of parson who complated causa of daath (Itam 23a) (Type, Print)

M.D.

4000 Mitchelle ville road 8216 Bowie MD 20716 FARAHI FAR ROINTAN 7.0

32. Registre's Signature 31. Deta tiled (Month, Day, Year)

Reiter tasky

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

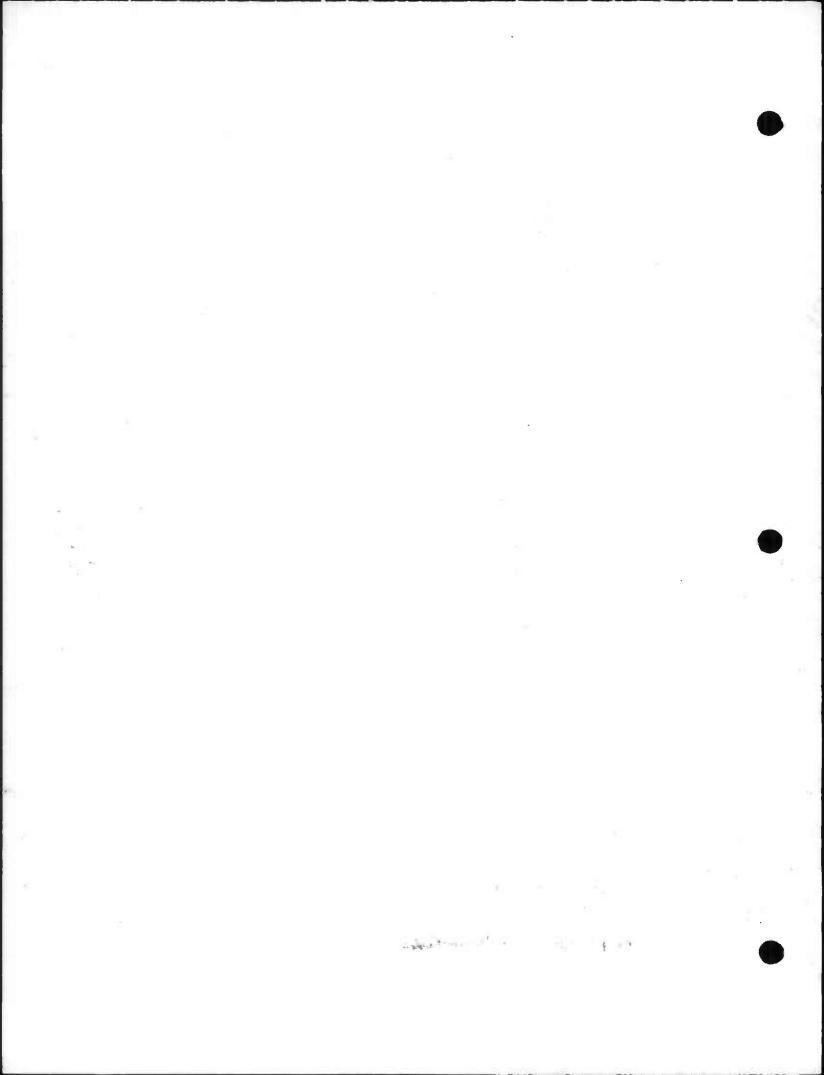
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF I	MARYLAND / D	EPARTME RTIFICA			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)		01	1 .	,	2. DATE OF DEATH	<u> </u>	3. TIME OF DEATH
	Tess Virginia		Star	biro	d l	MACLO W	DAY 10 1	YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last b	irthday) IF U	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	a. BIRTHPLACE (State or Foreign Country) Detroit,
	Not Available 1□ M 2 🗓 K F	76	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) February	3 19	Country)Detroit,
	9a, FACILITY NAME (If not institution, give street and number)		9b. 0	O MWOT, YTK	R LOCATION OF DE			NTY OF DEATH
B	Shady Grove Adventist Hos	oital	R	ockvi	lle			gomery County
ਹੱ	RESIDENCE OF DECEDENT						Hone	-gomery country
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	Maryland Montgomery Cou	inty	Darne	stown				1 TES 2XX NO
₹.	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZ	zen of what country? Lted States
FUNERAL	14621 Springfield Road				20874		of	America
5	11. MARITAL STATUS  1 Never Married 2 Married FORCES?	TEVER IN U.S. ARME	0			IC ORIDIN? (Specify ) , Puerto Rican, etc.)	fes or No —	14. RACE — American Indian, Black, White, etc.
B	3 ☑ Widowed 4 □ Divorced IF YES, DIVE	MAR DR DATES			NO Specify:			Specify:
	15. DECEDENT'S EDUCATION	16a DECE	DENT'S USUA	LOCCUBATIO	<u> </u>	16b. KIND OF B	1	White
	(Specify only highest grade completed)	(Give	kind of work do	one during mos		IOD. KIND OF E	INDINE 22/IND	USINY
7	Elementary/Secondary (0-12) College (1-4 or 5		Avai1	ahle		Glas	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1 1100	Avall	able	16. MOTHER'S NAM	ME (First, Middle, Maid	an Sumame)	
	Jack Brown				Agnes V		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. I	MAILIND ADDR	IESS (Street ar		loute Number, City or To	own, State, Zio	Code)
2	Joyce Quinlan (Daughter)	140	621 Sp	ringfi	eld Road	l, Darnes	town,	MD 20874
	20a. METHOD OF DISPOSITION 1 ☐ Burtal 2 ◯▼Cremation 3 ☐ Ramoval from State	20b. PLACE AN	D DATE OF DIS	POSITION (Ner				City or Town, State
	4 Donation 6 Other (Specify)	Metrop	olitan Olitan	Crema	torv	1996 A1	exandr	ia, Virginia
	21. SIGNATORE OF FUNERAL SERVICE LICENSEE	00690		22. NAME AN	D ADDRESS OF FAC	LILITY		
	X laure of la Cara	C. A			iff Funer	le Road,	Dodfor	d, MI 48219
	23. PART I. Enter the diseases, or complications the	it caused the deat						
	shock, or heart failure. List only one car IMMEDIATE CAUSE (Finel	use on each line.		^			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Interval Between Onset and Death
	disease or condition	1 Novic		DINE	I A LA I	Ding		No sac
	resulting in death) a. Due To	IDR AS A CONSEDU	ENCE OF):	1 111	2000	Juctor		mys
z	Ga Ga	stribe						Dave
2	if any, leading to immediata	OR AS A CONSEDU	ENCE OF):	01				
2	CAUSE (Disease Dr Injury	Kut In	lusi	MOR	19			W
H	that initiated events resulting in death) LAST	OR AS A CONSEDU	ENCE DF):	1 0	).			/ 1 3
CERTIFICATION	d.							
AL C	PART II. Other significant conditions contributing to	death but not rae	uiting In the	undarlying	cause given in i	Part I. 24a. WAS /	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
S						PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
						1 □ YES	2 ANO	OF DEATH?
2						_		1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO 1 Nopellant 2	☐ ER/Outpatient 3 ☐	DOA 4	IER:	5 Residence			
Ŧ	27. MANNER OF DEATH 26a. DATE OF	INJURY	86b. TIME OF	28c. INJL	PRY AT	28d. DESCRIBE HOW	/ INJURY OCC	CURED
ВУР	1 Natural 5 Pending (Month, I	vay, rear)	INJURY	1 U Y	ES 2 NO			
	3 Suicide 26a. PLACE (	F INJURY — At home etc. (Specify)	, farm, street,	factory, office				or Rurel Route Number,
COMPLETED	4 Homicide determined	- Cope only)				City or Town, Star	(0)	
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, death	occurred at ti	he time, data :	and place, and due t	to the cause(s) and m	enner sa state	ed.
NO N	one) 2 MEDICAL EXAMINER: On the basis of a							
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE	E SIGNED (Month, Day, Year)
BE	8. Aleularon	1	M O		0313	591	▶ 20	2001, warn
임	30, NAME AND ADDRESS OF PENSON WHO COMPLETED CAU	SE OF DEATH (ITEM 2	(Type, Print)	,	0010	1 6	100	76870
	Suhair Abulfaras	1926	M Is	sitopn	Par Villa	of Anie	CAL	heichula na h
	21 DATE Ell ED (Month, One Worl)	R'S SIGNATURE	11.00	PI		J. THUC	CALL	C)
	JAN 17 1996	market grade	46					_



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permit. Pages 1, 2, 3 should use as the burlal-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician completely filled in by the funeral director, page 5 should be detached for cremation, or THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

IMPORTANT: If item 28 is COMPLETED

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

IAN 17 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

6510

									96	02693	3
	1 - STATE STATE OF MA					EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lust)						2. DATE OF DEATH			3. TIME OF DEATH	
	Ol R U OOUWART	7					MONTH (	DAY	YEAR	4 FCD	
	Charles Herman SCHWART  4. SOCIAL SECURITY NUMBER  5. SEX  6.	AGE (In yrs. I	est hirthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14,	1996	1PLACE (State or Foreign	
	214-12-7215 1XM2 = F	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)		Countr	ny)		
	-1. 10 /010	81	THO.				Oct. 28,				-
~	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN O	R LOCATION OF DE	EATH		JNTY OF D		
Ö	Doctor's Community Hospita	al		Lar	nham			Pr	cince	George's	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CIT	Y. TOWN OF	RIOCATI	ON				10d, INSIDE CITY	$\dashv$
Ē										LIMITS?	
	Maryland Prince George':	5	1 COT	lege	_	_		T		1 X YES 2 NO	-
Z.						ZIP CODE		/-		WHAT COUNTRY?	- 1
FUNERAL	8905 48th Avenue				2	0740		0.5	5.A.		
2	11. MARITAL STATUS  12. WAS DECEDENT B FORCES? 1 V	VER IN U.S. A	NO				NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	a or No-	14. RACI	E — American Indian, k, White, etc.	
ВУ	1 Never Married 2 Married IF YES, GIVE WAR	OR DATES	3			2 NO Specif			Spec		- 1
										WILLE	
Ĕ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ILIC 4	Give kind of	work done di	CUPATIO uring mos	N It of working	16b. KIND OF BI	JSINESS/IN	IDUSTRY		
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)	- 4	ite. Do NOT us	se retired.)							
	2	Tí	tle R	esear	che	r	Distri	ct Tf	itle	Company	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)			
BE (	Samuel H. Schwartz					Mary R.	Zimmerma	n			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street ar	nd Number or Rural	Route Number, City or To	wn, State, Z	(ip Code)		
5	Mary Schwartz		8905	48th	ı Av	enue, Co	ollege Par	k. Ma	Maryland 20740		
	20a. METHOD OF DISPOSITION	20b. PLAC	E AND DATE:	OF DISPOSE	SPOSITION /Name of DATE 20c. LOCATION — City or Town. State						
i	1 Durial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Motor	metery cremetory or other place) [etropolitan Crematory 01/19/96 Alexandria, Virginia								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Meti	OPOLL	22.1	AME AN	D ADDRESS OF FA	CILITY	xanu	IIa,	viiginia	$\dashv$
		4					's Sons F	unera	al Ho	me, P.A.	
	(1).10. Ger	ser		47	739	Baltimor	ce Ave., H	yatts	svill	e, MD 2078	31
	23. PART I. Enter the diseases, or complications that of	aused the	death. Do i	not enter	the mod	te of dying, suc	ch as cardiac or res	piratory a	rrest,	Approximata	
	shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final	on each ii	ne.							Onset and De	
	disease or condition ASA	ISTAL	P.								-
	reaulting in death)	AS A CONS	EQUENCE O	B						20 m	in
_	Acute M.	0660	die	0	100	1	1				
O	Sequentielly liet conditions,	BAS A CONS	CLI C	D.	in	AUYC	uon			1	
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING				1		2 200	Λ		12/2000	_
5	CAUSE (Diseese or Injury	AS A CONS	LY 4	n f	126	evy_	Direns	8		years	-
Ē	that initieted eventa DUE TO (O resulting in death) LAST		7	56. 00		/					
CEF			- 000		-					-	-
	PART II. Other aignificent conditions contributing to d	eath but no	t reaulting	In the un	deriying	cause given in	Part I, 24s, WAS A	N AUTOPS	248	. WERE AUTOPSY FINDIN	IGS
S	Hyperterson							PRMED?	-	AVAILABLE PRIOR TO COMPLETION DF CAUS	E
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	SPITAL

1. DECEDENT'S NAME (First, Middle, Lest), Simmons. 2. DATE OF DEATH 3. TIME OF DEATH Javuam 4:25A Mable 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) March 10,1908 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-07-7673 1 M 2 X F 87 Maryland YRS. Sc. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street 96. CITY, TOWN OR LOCATION OF DEATH outhern DIRECTOR intor TINCE RESIDENCE OF DECEDEN 10a. STATE 106. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Oxon Hill t 🖺 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER tor. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 20745 208 Cedar Ridge Road 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 TYNO Specify BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) Nurses Aide St. Elizabeth's Hospital oncs. 17, FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Meiden Surname) Ruby Pearl Berry Sidney Warren Day Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 28176 Oaklands Rd. Easton, Maryland 21601 Kathleen Wanner must be 20a. METHOD OF DISPOSITION
1 K Burlal 2 Cremetion 3 Removal 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Cedar Hill Cemetery 1/16/96 Suitland, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATIFIE OF FUNERAL SETVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745 medicai peases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, and failure. List only one cause on each line. 23. PART I. Enter th Approximate Onset and Death IMMEDIATE CAUSE (Final other traumatic event, the disease or condition 15d. moned resulting in death) CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 any injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 23 shows t | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law it THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPIPAL: 1 YES 2 NO atient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Mitural 5 Pending BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide 8 Could not be determined ETED 4 Homicide COMPL t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. the cause(s) and manner or stated. eatigation, in my BE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

LAN 15 MALL ST MALL

DIVISION OF VITAL RECORDS, P.O. BOX 6876

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	Margueritte		ckwell Se	ely							, 1996		11:24 A
ì	4. SOCIAL SECURITY NUMBER	٩	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR DAYS	# UNDER 24 HRS.	7. DATE Of	Day, Year)		Country)	NCE (State or Foreign
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DIRECTOR	RESIDENCE OF DECE	DENT	ry		L son CIT	Y, TOWN O	NR LOCAT	TION					d. INSIDE CITY
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Ar.	10e. STREET AND NUMBER	T T TIL	ce George	5		lleg	-	L ZIP CODE			tog. CITIZEN		YES 2 NO
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	William Ever		31ackwe11					Martha	Kame	ron 2	Ziegler		
	190. INFORMANT'S NAME (Typ							and Number or Aural					
1	Donald J. Se							oad, Col					
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TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfiled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			<u></u>	CERTIFI	CATE	OF I	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,			C-2		AV			2. DATE OF	F OEATH DA	Υ	YEAR .	3. TIME OF OEATH
RICHA	-		261	SGWI	CK			JANU	ARY :	3 19	96	11:00A M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	. last birthday)	MONTHS 0		IF UNDER 24 HRS.	7. DATE OF (Month, I	BIRTA Day, Year)		8. BIRTHE	PLACE (State or Foreign
579-03-9580		1 🔀 M 2 🗌 F	7	7 YRS.			MIN.	Oct.	31,	1918	Wash	ington, DC
9e. FACILITY NAME (If not in					9b. CITY, T	OWN OR	LOCATION OF D	EATH		9c. COUN	TY OF OE	HTA
3119 Queens		el Road #	201		Mt.	Rai	nier			PRINC	e 6	eorge15
RESIDENCE OF DEC	10b. COUNT	,		100 CITY	, TOWN OR	LOCATIO	···					ANA MANDE OVER
Maryland		ce George	1.									10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	PLIM	e George	S	Mt.	Rair	_	ZIP CODE					1 X YES 2 NO
3119 Queens	Chap	el Road #	201				0712			U.S.		HAI COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2	Merried	12. WAS DECEDEN FORCES? 1	X YES 2	□ NO	H y	yes, spec	NDENT OF HISPAI	in, Puerlo Ric		or No—		— American Indian, White, atc.
3 Widowed 4 Divo	reed	IF YES, GIVE W		I	1 1	_ YES 2	NO Specif	у:			Specif	White
	EDENT'S EDU		164	. DECEDENT'S				16b. K	UNO OF BUS	INESS/IND	USTRY	
Elementary/Secondary (	y highest grade )-12)	College (1-4 or 5 +	1	(Give kind of w life. Do NOT use	rork done dui e retired.)	ring most	of working					
9	,			lerk				Uni	ited :	State	s Go	vernment
17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER'S NA					
Richard E.	Sedgw	ick					Florenc	e Mort	timer			
19a. INFORMANT'S NAME (	ype/Print)			19b. MAILING	ADDRESS (	Street and	l Number or Rural	Route Number	r, City or Town	n, State, Zip	Code)	
Eugene R. I	ay			1419 S	E. 3	37th	Avenue	, Ocal	la, F	lorid	a 34	471
20a, METHOD OF DISPOSIT	ION			CE AND DATE O		ION (Nam	e of	DATE	20c. LO	CATION - C	City or Tov	vn, Stata
4 Donation 5 Other	(Specify)	oval from State	For	Linco	in Ce	emet	ery 01/	11/96	Brei	ntwoo	d, M	aryland
21. SHGMATURE OF FUNITURE	PREMICEPI	CENSEE	111		22. NA	AME AND	ADDRESS OF FA	CILITY				
( t	to	eau l	tril	> 1			s Gasch altimor					, MD 20781
23. PART I. Enter the d	Iseasea, or	complications tha	t caused the	deeth. Do n								Approximate
shock, or h IMMEDIATE CAUSE (Fit	eert feilure.	List only one ceu	ise on esch	fline.								Interval Between Onset and Death
disesse or condition		Chean	- 01-	last.	- D.	0		Vitar	0 -			/4 - 4 4 -
resulting in death)		. Clinoni	(OR AS A CO	NSEQUENCE OF	e ru	VISCOL	narry L	146	re			years
							•					
Sequentisity list condit if any, leeding to imme		DUE TO	(OR AS A CO	NSEQUENCE OF	7:				-			
CAUSE (Disease or Ink	ING	C										
that initiated events	"	OUE TO	(OR AS A CO	NSEOUENCE OF	F):	-						
resulting in death) LAS	T L	d										
PART il. Other significa	ent condition	e contribution to	death but o	nt resulting i	n the und	erlylog	cause alves in	Part I a	24a, WAS AN	ALLTONEY	1 041	WERE AUTOPSY FINDINGS
TANT OF SIGNATURE	obnarabi	obstationaling to	deadir but i	ibt resoluting r	ii tiio uiidi	onlying	cause given in	ranti. 2	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								—	1 TYES 2	NO		OF DEATH?
DID TODA CCO II	ICE COLIT	DIDLINE TO CA	1107 07 7		. 190	- F	141.4					1 YES 2 NO
DID TOBACCO U		KIBUTE TO CA			SIN		UNCERTAI	иП				
25. WAS CASE REFERRED T EXAMINER?	U MEDICAL	HOSPITAL:	26. 1	PLACE OF DEAT	OTHER:							
1 X YES 2 ND		1   Inpatient 2					5 Residence					
S-1	Pending	28a. DATE OF (Month, D		28b, TIM	URY 2	WOR	K?	28d. DESC	RIBE HOW I	NJURY OCC	URED	
2 Accident	Investigation	AND DIACE O	E IN HIPPY	Marin Commit	IM .		S 2 NO				-	
3 Suicide 8 4 Homicide	Could not be determined	building,	atc. (Specify)	At home, farm, a	street, ractor	ry, orrica			Town, State)	and Number	or Rural R	loute Number,
29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the beet of	my knowled-	a death con-	ad at the ti-	no deta -	and place, and do	to the east	o(a) and w	mas an -1-1	ad .	
onel												) and manner se stated.
	OF CERTIFIE											
A Leur	ed b	Q.					29c. LICENSE NU D 2 5 9 .					(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WI	ID COMPLETED CAU	SE OF DEATH	(ITEM 27) /5	Print)		JE 3 12			JA	4V >	,1996
J. BERGET	2 MD	#205,	7720	WISCO	NSN	AN	e, Bet	hesd	a, t	nd	20	814
31. DATE FILED (Month, Day,			-	Tales				<del></del>				

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PHYSICIAN:

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COMPLETED

BE

2

1 Natural

3 Suicide

4 Homicide

Accident

TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	be filed within 72 hours
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writime 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of relating and mental Hyghere prior to busial, cremation, or removal.
es that the death certificate	gned by the attending physic	saim and Memai riggiene pri
be executed within 24 hor	cian and completely filled	ior to burial, cremation, or
xurs after death. Page 6	in by the funeral direct	or removal.
may be retained by the	tor, page 5 should be di	
e hospital or attending p	etached for use as the b	
mysician.	ourial-transit permit. Pa	
	ermit. Pag	

96 02697 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR SCOTT January 1996 3:05P Roscoe 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTTH (Month, Pay, Year) 10/11/28 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign Country)
N. Carolina IF UNDER 24 HRS DAYS HOURS 1 X M 2 - F 67 237-36-1243 N. 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctor's Comm. Hospital DIRECTOR Lanham Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. P.G. Capitol Hgts. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1109 Adeline Way 20743 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 NO Specity Specify BY 3 Widowed 4 K Divorced Black ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 3rd COMPL Truck Driver Private Industry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Scott Josephine Banks BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20747 19a. INFORMANT'S NAME (Type/Print) 2 Perquita A. Scott 6403 Pennsylvania Ave., Forestville, Md.# 201 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20a. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removal from Stata

4 Donation 5 Other (Specify) Harmony Mem Park 1/17/96 Landover, Md 22. NAME AND ADDRESS OF FACILITY
H.S. Washington & Sons, inc.
4925 Burroughs Ave., N.E. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) CERTIFICATION Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in dasth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO

COMPLETION OF CAUSE 1 YES 27 NO OF DEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I 28. PLACE DF DEATH (Check only on 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL

OTHER:
4 Nursing Home 5 Residence etlant 2 - ER/Outpetient 3 - DOA 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 8 Could not be determined

AHA

28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)

29a. CERTIFIER
//Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of exemin investigation, in my opinion, death occurred at the time, data end placa, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

		γ )	87,		HIICA	ž
).	V .	DDRESS C	F PERSON WHO	OG A	CAUSE OF DEATH (ITEM 27) (Type,	Prigt)

31. DATE FILED (Month, Dgy, )ba 32. JEGISTRAR'S SIGNATURE

Mobile the state of the state o

DIVISION OF VITAL RECORDS, P.O. BOX 68760

h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	nnding physician and completely filled in by the funeral director, page 5 should be detached for Hygiene prior to burial, cremation, or removal.	or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	S	TATE OF MARYL		RTMENT OF H		MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	1	3. TIME OF DEATH	
COMPLETED BY FUNERAL DIRECTOR	Charles Carleton SCHOSSIFR						Januaru	14. 19	96 9:02P M	
	214-36-3622 1 XM 2 - F 58			(In yrs. lest birthday)   IF UNDER 1 YEAR   IF UNDER 24 HRS   YRS.   MONTHS   DAYS   HOURS   MIN.			August 28, 1937 Brooklyn, New York			
	9a. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPITAL					CITY, TOWN OR LOCATION OF DEATH LANHAM			Prince Georges	
						TION			10d. INSIDE CITY	
						abrook			1 X YES 2 □ NO	
	9613 Tuckerman Court				10	101. ZIP CODE 20706			10g. CITIZEN OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic ATES 1 YES 2 NO Speci								
	15. DECEDENT'S (Specify only highest	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF	BUSINESS/INDU				
	Elementary/Secondary (0-12) College (1-4 or 5+)			Tooling Engineer			E G	& G D	ressure Science Inc.	
	17. FATHER'S NAME (First, Middle, Lan Carleton Schos	18. MOTHER'S I			AME (First, Middle, Meiden Surname)  nkulish					
TO BE							ord Number or Rural Route Number, City or Town, Stelle, Zip Code)  Outt, Seabarcock, MD 20706			
	1 M Buriel 2 Cremetion 3 Removal from State cemetery, c				ry, crematory or other plece)			19/96 Clinton, MD		
	21. SKINADO OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706									
	23. PARTI I. Enter the diseased shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List	CANC	ach iina.				eapiratory arre	st, Approximata Interval Between Onsat and Death	
Y PHYSICIAN: MEDICAL CERTIFICATION	Sequantisity list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying						1 _ YE	S AN AUTOPSY RFORMED? S 2 (A NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Recidence 6 Other (Specify)									
	27. MANNER OF DEATH  1 Netural 5 Pending		28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY W			JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
TED BY	3 Suicide 6 Could n 4 Homicide determin	26s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify)			ca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  20 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and menner se stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER DO 589/							29d. DATE	SIGNED (Month, Day, Year) -16-96	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  ROGBA B. INGHA W. M. 1) 6510 HENRUWANTE DIE RINDREDALL  31. DATE FILED (Month, Day, Year)  32. PROISTRAP'S SIGNATURE  MJ 2073									
	31. DATE FILED (Month, Day, Year)  JAN 8 1996  32. PROISTRAP'S SIGNATURE  JAN 18 1996  32. PROISTRAP'S SIGNATURE									

o probable to the standard or

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 26 State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **FRANCES** Η. SPIGONE 1996 JANUARY 6 11:35PM 4c. County of Death 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death PRINCE GEORGE'S PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer 6 Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) 1□M 201F Months Deys Yrs. 228-26-7162 31, 1926 VIRGINIA Usuei Residence of Decedent 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No MARYLAND PRINCE GEORGE'S CHEVERLY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5827 DEWEY STREET 20785 UNITED STATES 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No if Yes, Give Yeer or Detes: 11. Maritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 💢 No Specify Specify: 3 Ø Widowed 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) OWNED HOME 11 HOMEMAKER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) ROBERT LEE HEILIG RUTH COURTNEY 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) DONNA TRAVOSTINO, DAUGHTER 4224 BIRCH DRIVE, HUNTINGTOWN, MARYLAND 20639 20b. Pieca of Disposition (Name of 20e. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other plece) 1 Buriai 2 Cremetion 3 Removel from Stete
4 Donetion 5 Other (Specify) FORT LINCOLN CEMETERY 1/12/96 BRENTWOOD, MARYLAND 21. Signeture of Faneral Service Licen 22. Name end Address of Fecility
FORT LINCOLN FUNERAL HOME, INC. 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 Pert1. Enter the disease, or coordications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete intervei Between Onset end Deeth immediete Ceuse (Finei purallou diseese or condition resulting in deeth) Due to (or es e consequenca of): 2 mouse ances 08 Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Due to (or es a consequenca of) Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco-was contribute to the cause of death? 17 Yes 2 □ No 3 □ Probably 4 □ Unknown 24b. Were eutopsy findings evelleble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes Inpatient 2 ER/Outpetient 3□ DOA Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Maturei 5 Pending investigation iniury 1 Yes 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide

**Examiner** The law requires that the death certificate be exacuted Box 68760, 0 ۵ Records, Division of Vital or Attending Physician:

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Director

Funeral

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Completed

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Examiner

Physician/Medical

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Certification:

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Registrar

29a. Certifier (Check only one)

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29b. Sid

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

the Meryland

72 hours eftar death with

filed within other than

Hygiene.

Pages 1 end 2 should be finent of Heelth end Mental I int: If item 27 is marked or

permit. Pages 1 end 2: Department of Heelth er Important: If item 27 is any injury or other trauonce.

**Physician** /Medicai

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After

death.

Baltimore, Maryland 21215-0020

efter death Director: / filled in by the • Funeral I Hospital To the within 2 7

MARTIN D. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture **JAN 16** the others

30. Neme end address of person who completed cause of death (Item 23e) (Type, Print)

end menner steted.

reeman

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

29c. License number

29d. Dete signed (Month, Dey, Year)

greenheat MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

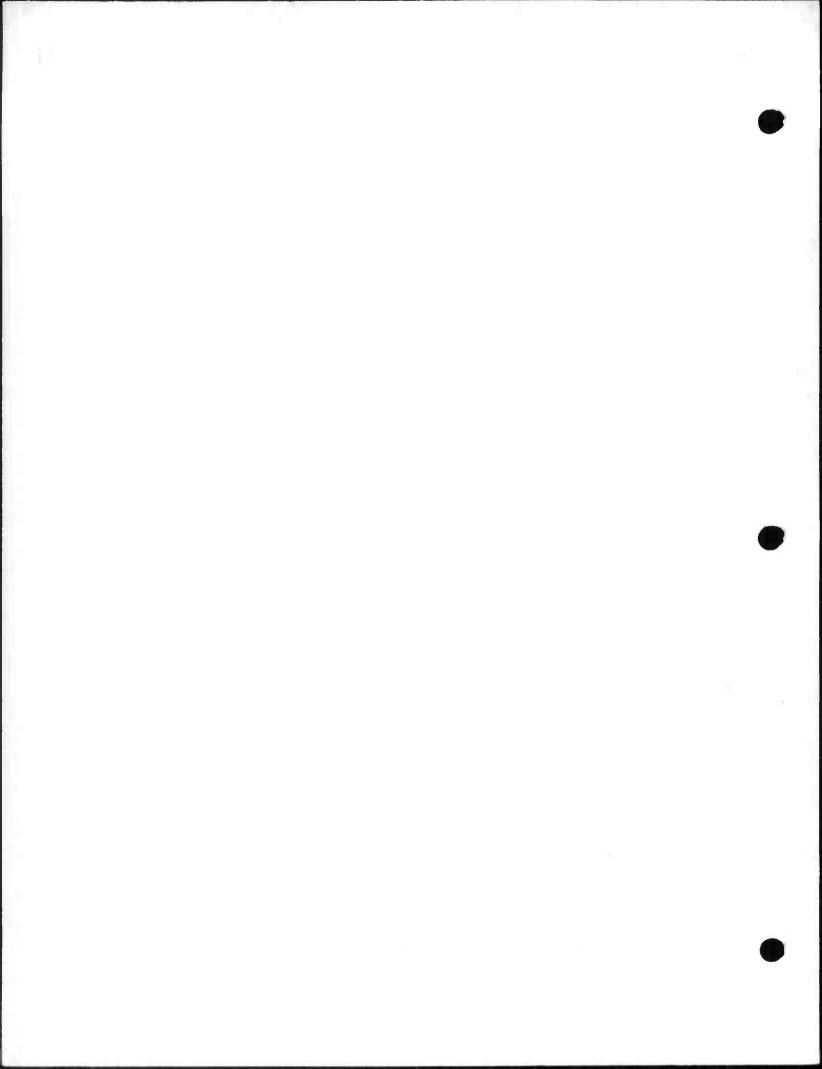
State of Maryland / Department of Health and Mental Hygiene 96 02700

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Physicia /Medic		Decedent's Nan	na (First, Midd	ila, Last)		Gra	nvill	е	E.	TOT	wers		2. Data of De Month Jan	Pay 18	96		ima of Death . 0:45P
Examin		4a. Facility Nama								4	b. City, To	wn, or Lo	cation of Deat	h 4c. Cou	nty of Death		
	Н	Memo	orial	Hos	pital	l a	t Eas	ton			Eas	ston		Ta	albot		
Funeral		5. Social Security I		6. Sax	( (M 2□ F	7. Aga	(In yrs. last I		if Undar 1 Months	Yaar Days	if Undar Hours	24 Hrs. Min.	8. Data of Bi	rth	9. Birth	piaca (S	State or Foreign
Director		218-05-		AUA	[M 2□ F		77	77 Yrs.		Dayo	s nours Min.		10/14			Maryland	
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N S W	cto	MD		TIL	ie				Federalsburg			1			טו	Yas 2 No	
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or h	F	1 Nevar Man			Yas Gi	2 N	949 <del>5</del>		□ Yas 2							nite	
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nd Mental Hygiene. merked other than metic event, tre M	Be	17. Fathar's Nama									18. Motha	ır's Na <i>m</i> a	(First, Middle	, Maidan Sum	ama)		
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Health am 27 Ither tr		Lisa A	A. McN	lei1							sbor	Rd	., De	nton,	MD 2	2162	29
		20a. Mathod of Dis		2 🗆 D	amousi from	Ctata	20b. Place cemai	of Dispo lary, cren	sition (Name natory or oth	of ar plac	e)	1	Data	20c. Locatio	n - City or T	own, Sta	ata
nent of h		4 Donation			anioval itoni	Stata	Camb	rido	ge Cr	ema	atory	, 1	/19	Camb	ridge	Ma,	ryland
Department of Health Important: if item 27 any injury or other to once.		21. Signature of F	unerel Sarvice	License	ae			22	Nama and	Addras	s of Facilit	v		ow Funeral Home			
any ir		> m.	Bi. 0 7	9	born												ne
		23a. Part1. Entar	tha disaasa. o	r compli	cations that	causad	tha death. De						alsbu		216		ximate
nysician		shock, or hea	art feilura. Lis	t only on	a causa on a	aach lin	a.			j	1					Intarv	al Between t and Death
Medical		Immediata Causa	(Final		MAG	6.2		1	010		- 1				- 1	101	19
kaminer		Immediata Causa (Final disaasa or condition resulting in deeth)  a.   Oua to (or as a consequence of):												U	mos!		
	<u>ا</u> ه					9	ua to (or as	a conseq	uanca of):								
nsit	Examiner			<b>6</b>	)												
and al-tra	xai	Sequentially list co if any, leeding to it causa. Enter Und Cause (Disaase or	onditions, mmadiata			Dua to (or as a consequance of):											
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iding physician and use as the burial-transit	/Medical	that initiated evant rasulting in daath)	Last	1	Dua to (or as a consequence of):												
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2 -																	
ed by the atte	Physicia	Part II. Other signi	ficant conditi	ons con	tributing to d	leath bu	t not rasuiting	in tha ur	darlying cau	isa giv	an in Part I		23b. Did	tobacco use	contribute 1	to the ca	nuse of death?
d by		1 Tee								Yee 2 N	o 3 Pro	bably	4) Unknown				
5.8	Ď												7.00-071		1		
should	Completed												24a. Was	an autopsy ormed?	81	vallabia	
has b	e l														0	f death?	on of cause
page	0												10	Yas 2 No	) 1	☐ Yas	2 No
certificate rector, pa	Be	25. Was casa rafa	rred to medica	al							26. Place	of Death	(Check only	ona)			
	2	axaminar? 1 ☐ Yas 2 🗹	No	Н	ospitai:	Inpatiar	nt 2 ER/C	Outpatien	t 3 DOA	Oth	0.00		ma 5 🗆 Rasi		Other (Spec	ifu)	
5 7		27. Mannar of Deal			28a. Data	of injun	/ 28b	. Tima of		injun Worl			28d. Dascribe			-97	
After a funer	Certification:	1 Natural 2 Accidant	5 Pendi invast	ng Igation	(Mon	ith, Day	Year)	Injury	м		Yes 2	No					
aftar death. Director: A	TICE	3 Suicida	6 Could	not be	28a. Placa	a of Inju	ry - At home,	farm, str	et, factory,	office		- 1	28f. Location		mber or Rui	ral Route	Number,
aftar death.  Director: After	e	4 Homicida	- auturi		build	ing, atc.	(Specify)						City or To	wn, Stata)			
7 6 7		29a. Certifier	ার্থ Certifyi	na Phys	Iclan: To the	best of	my knowlede	ne daeth	occurred at	the tin	na date an	d place a	and due to tha	causa(s) and	manner as	stated	
Fur ately	edical	(Check only one)	2 Medical	Examin	er: On the b	asis of	examination a	nd/or inv	astigation, in	my o	olnion, dee	th occurr	ed et the time,	dete end pled	e, and dua	to tha ca	use(s)
To the compia	Σ	29b. Signature	title of pertin	00			-		29c.	Licans	a number			29d. Data sig	ned (Month	Day, Y	ear)
6 = 8		P	DAA	MIL	6				7	12	082	7		1	99	6.	
	-	(	110	, 00	NO				10	11	101	(		1	. [ ( ( /	,	
-		30. Nama and add															
		David	Smith	, M	.D.,	509	Idle	wil	d Av	e.,	Eas	ton	MD	21601			
Stat		31. Data filed (Mor	nth, Day, Year	)	32. F	lagistra	r'a Signatura										
Registra	r		JAN1	9 15	196	falia	Davidso	1- Ran	lall								
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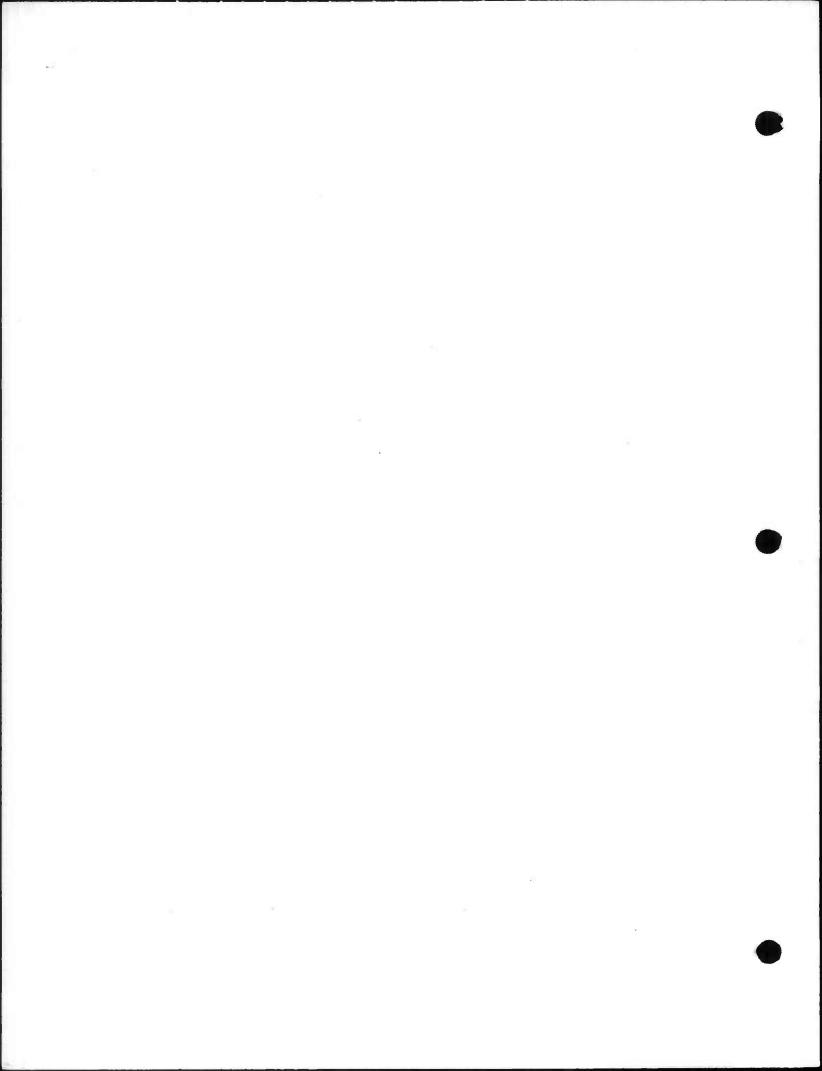
		1 - STATE OF STATE OF	MARYLAND / DEPA CERTIF	RTMENT OF I	HEALTH AND M	IENTAL HYGIEN	E					
		1. DECEDENT'S NAME (First, Middle, Lost) Anna The Ima	TUCKER			January 16,	*1996 YEA	3. TIME OF DEATH 3:45 AM				
Pje	18	4. SOCIAL SECURITY NUMBER 212-24-7316 5. SEX 1 □ M 2 🕅	8. AGE (In yrs. last birthday) 88 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	07 Ma	TINPLACE (State or Foreign				
2, 3 should	стов	98. FACILITY NAME (If not Institution, give street and number)  Citizens Nursing Home  RESIDENCE OF DECEDENT			or Location of DEA derick	тн	Frede					
t. Pages 1,	DIREC	100. STATE Maryland Frederick		TY, TOWN OR LOCA				10d. INSIDE CITY Y LIMITS? 1 YES 2 NO				
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 1001 Carroll Parkwa	Parkway 21701 109. 0				109. CITIZEN O	TIZEN OF WHAT COUNTRY? U.S.A.				
5-0020 nding physician. ss the burlal-transit	B₹	1 Never Married 2 Married FORCES?	ENT EVER IN U.SCARMED  1 YES 2 NO E WAR OR DATES	S 2 NO If yes, specify Cuban, Maxico								
A 1 A 1	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or										
of the pe det	E COMPL	17. FATNER'S NAME (First, Middle, Last) Stanley	ZECHER	Tenerica	18. MOTHER'S NAM Sally	E (First, Middle, Maiden		īG				
be retained be should be 5 should be notified	TO B	Mrs. Elaine T. Hall	1 19b. MAILING ADDRESS (Street and Number or Rura 1001 Carroll Parkway			, Apt. 220, Frederick, Md. 21701						
Page 6 may be if director, page		tersvil	Town State le, Maryland									
r death.	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Richard & Hard	MOO255	Keen 106 E	ast Churc	sford P.A. h St., Fre	ederick	al Home , Md. 21701				
within 24 spletely fill cremation, rent, the		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval is shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
ath certificate be execute tending physician and of all Hydiene prior to burial or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
at the and will will will will will will will wil	ICAL		to death but not resulting		g cause given in P	art I. 24a. WAS AN PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
e law rec has been Dept. of	SICIAN: M	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH Y		UNCERTAIN			1 TYES 2 NO				
	SICI	EXAMINER? HOSPITAL:	ER/Outpatient 3 🗆 DOA	QTHER:	ne 5 🗆 Rasidence 5	Other (Specify)						
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St.  28 is marked, or it	ву Рну	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident investigation		JURY WO	URY AT PRICE STATE	26d. DESCRIBE HOW IN	JURY OCCURED					
OR ATTENDII DIRECTOR: Al	ETED	4 Nomicide detarmined	OF INJURY — At home, term, ig, atc. (Specify)	street, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,				
SPITAL OR A INERAL DIREC Thin 72 hours INT: If item	COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best						e(s) and manner as stated.				
TO THE HOSPITAL (TO THE FUNERAL C DE fied within 72 h	TO BE		ula .		29c. LICENSE NUMB D 18191	ER		16, 1996				
	F	Dr. Arthur G. Manalo MI	187 Thomas		Drive, F	rederick,						
		JAN 17 1996 32. REGIST	PAR'S DIGNATURE RANGE	161								



irs after death. Page 6 may be retained by the hospital of	n by the funeral director, page 5 should be detached for	removal.	edical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.	

JAN 1 7 1996

con	144.20.001					96	U	2102	
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYGIEN	_			
1. DECEDENT'S NAME (First, Middle, La	st)		0,1,1,2,01	DAAIII	2. DATE OF DEATH	_		3. TIME OF DEAT	н
GEOR	RGE HEATON	TRIBBY			January J	MAY 1.0	YEAR		
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1, 1,	8. BIRTHE	9:15 PLACE (State or For	
578-20-9783	1 M 2 - F	85 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 24,	1910	Vir	ginia	
9e. FACILITY NAME (If not institution, gi				OR LOCATION OF D	EATH	9c. COUN	TY OF DE	ATH	
Meridian Macademore of Decement 100. STATE 100. COU	ursing Home		Fre	ederick		Fr	eder	ick	
10e. STATE 10b. COU		10c, CITY	TOWH OR LOCA	TION				10d. INSIDE CITY	_
	Frederick		hurmont						NO
10e. STREET AND NUMBER 6515 Mount 11. MARITAL STATUS			10	if. ZIP CODE		10g. CITIZ	EN OF W	AT COUNTRY?	
6515 Mount	aindale Road			21788		11	nita	d State	
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE		NIC ORIGIN? (Specify Ye			- American India White, atc.	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, DIVE WAR OR	s 2 □no dates V.W. II	If yes, s	pecify Cuban, Mexic B 2 ND Speci	en, Puerto Rican, etc.)		Black, Specify		
	DUCATION	15e. DECEDENT'S	ISUAL OCCUPATI	ON	16b. KIND OF BU	SINESS (IND	ICTRV	WILL	2
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 10 +  17. FATHER'S NAME (First, Middle, Last)			ork done during m		IOU. KIND OF BO	SINE 33/INDI	Joint		
10 +	College (1-4 or 5+)	Electr	onice		Commi	nicat	tone		
17. FATHER'S NAME (First, Middle, Last)		Liceti	OHICS	T se mornegie u	AME (First, Middle, Meiden		TOUS		
	CARL H.	TRIBBY		GRAC		-	ED		
19e. INFORMANT'S NAME (Type/Print)			4000500 (O:						
Yvonne Willis					Route Number, City or Tox				
20e. METHOD OF DISPOSITION					/ Thurmont			788	
1 Buriel 2 Cremation 3 R	emoval from State Co	b. PLACE AND DATE On the series of the serie	ner placel		4	CATION — C			
4 Donation 5 Other (Specify)		Hagerstow				ersto	wn, ]	Maryland	f
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	Stauff	er Fu	nera	1 Home	
Backmand	Peterno	11	1621	Opossumt	own Pike/				2.0
23. PART L'Enter the diseases, d	or complications that ceus	ed the death. Do no	ot anter the mo	ode of dylan au	th as cardiac or man	iretory are	TICK	Approxima	
snock, or neart failur	e. List only one ceuse on	each line.		or aying, sac	on an entitle of resp	matory and	rat,	Interval Be	tweer
IMMEDIATE CAUSE (Final disease or condition	1/4		44 .					Onaet and	Deati
resulting in death)	· WALDENS	stream's	MACRO	GLOBU	LINIMIA			2 YE	25
1	a. WALVENS DUE TO (OR AS	A CONSEQUENCE OF	):				`	1.1-	
Sequentially list conditions,	b. 12N47	A CONSEQUENCE OF	E (2	70 u	MLDENSTA	EM ?	)	/ YR	
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (ON AS	A CONSECUENCE OF	1.						
CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEDUENCE DE						-	
resulting in death) LAST	332 10 (011 110	n condeboting by	14						
	d							-	
PART il. Other significant conditi							24b. \	VERE AUTOPSY FIN	IDINGS
ANEMIA / PE	RIPHERAL	VASC. ;	DISEAS	a / Co	PERFOI			WAILABLE PRIOR TO COMPLETION OF CA	
		-			1 TYES	COMO		OF DEATH?	-
DID TOBACCO USE CON	ITRIBUTE TO CAUSE (	DE DEATH VE	I NO F	UNCERTAI	NI D			THES 2 PM	D
DID TOBACCO USE CON  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DINO  27. MANNER OF DEATH	THE TO CAUSE !	26. PLACE DF DEATH			N L				
EXAMINER?	HOSPITAL:		OTHER:						
27, MANNER OF DEATH	1 Inpatient 2 ER/Ou 25s. DATE OF INJURY				6 Other (Specify)				
1 Natural 5 Pending	(Month, Day, Year)	INJU	IRY WO	JURY AT ORK?	25d. DESCRIBE HOW	NJURY OCC	JRED		
2 Accident Investigatio			"   '	YES 2 NO					
3 Suicide 6 Could not t	building, etc. (Sp.	IY — At home, lerm, at ecity)	reet, fectory, offic	•	281. LOCATION (Street : City or Town, State)	and Number o	or Rural Ro	ute Number,	
						17.1			
	YSICIAN: To the best of my know								
	NER: On the basis of examinati							end manner es sta	rted.
4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIDNATURE AND TITLE OF CERTIF	IER			29c, LICENSE NIII	MBER	29d DATE	SIGNED /	Jonth Day Mart	
296. SIDNATURE AND TITLE OF CERTIF	TIER MI	)		29c. LICENSE NUI				Wonth, Day, Year)	
	_ m		Print)	DZ19		29d. DATE		Wonth, Day, Year)	



JH	M ITEI PER I	ts:	Pleas 23 PART I, 27, 28a-f FILM G-733 3/22/96 t	.t State of N	int in Bla laryland	Depai	elible Ink tment of I ificate of	nealth and r	ментат пус	Are Legi giene G	ble.	02703
г	Physic	ian	Decedant's Name (First, Middla,	Last)					2. Data of Dea Month	th Day	Yaer	3. Time of Death
	/Medi Exami	cal	DAVID 4a. Facility Neme (If not institution,	MATTHEW giva street and number	r)		TEETER	4b. City, Town, or L	JAN ocation of Death	-	96 of Deeth	02:04 A
	Funeral Director		331 EAST PATR 5. Social Security Number 223-11-6185	ICK STRE 3. Sex 7. A 1∏ M 2□ F	ega (In yrs. last		If Under 1 Year Months Deys		8. Data of Birth (Month, Dey May 25,	Year)	9. Birthp Coun	K pieca (Stata or Foreigr orginia
	land		Usuel Rasidence of Decedant  10a. Stete 10b. County		10c. City, T	own or Loca	ation				1	0d. Insida City Limits
	Mary	ğ	Maryland Freder	of ale	To	fferso	'n					1 ☐ Yes 2 戶 No
	4 78 P	Director	10e. Street and Number	ICK	00.	LICISC	10f. Zip Coda			l0g. Citizen of \	What Coun	ntry?
	h wit		3636 Lander Ro	ad			2175	55		United	State	
	within 72 hours after death with the Maryland and and "netural", or items 23s or 28s-f show the Medical Examiner must be notified at mapleted by Funeral Director		11. Merital Status  1 ☑ Never Merried 2 ☐ Marrie 3 ☐ Widowed 4 ☐ Divorced	12. Was Deceder Armed Forces 1  Yes 2  If Yas, Giva	12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☑ No			Was Decedent of Hispanic Origin? (Specify Yeif Yas, specify Cuban, Maxican, Puerto Rican, a     □ Yas 2 No Specify:				
21213-0020	n 72 hc	Completed	15. Decedant's (Specify only highast	Education grada completed)	1	6a. Deceda (Giva ki	nt's Usual Occup nd of work done	petion during most of world)	king	16b. Kind of Bu	usin <b>ass/</b> Inc	yustry
	filed withir Hygiene. Wher than	omp	Elamentary/Secondery (0-12)	Coilega (1-4oi	5+)		orer	,,,		Movin	a Com	many
	should be filed and Mental Hygie marked other imatic event, to	Be C	17. Fether's Nema (First, Middla, La	ist)		Lat	OLEL	18. Mothar'e Nem	na (First, Middla,		_	ipally
	Mental Mental Mrked o	To B	Broadus G. Joh	nikin				Barbara	Ann Tr	ent		
•	2 should and Men is marke surretic		19a. Informant's Name/Relationshi	(Type, Print)		19b. Mailing	Addrass (Street		tural Routa Number, City or Town, Stata, Zip Code)			Code)
	f and 2 Health am 27 is		Broadus G. Johni	kin		3636	Lander	Road Jef	ferson,	Maryla:	nd 2	21755
	at O		20a. Mathod of Disposition  1 □ Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Spe		4		tion (Name of story or other pla Reforme		Data /18/96	20c. Location -		wn, Stete Maryland
	Demit. Page Department of Important: If any injury of once.		21. Signature of Funeral Service Li 23a. Pant. Enter the disease, or c shock, or heart failure. List or	f. Sa	ed the death. [	7 162	l Opos	ass of Facility Sta Sumtown F ing, such as cardiac	ike Fr	ederick	Homes , Mar	Approximate Interval Between Onset and Deeth
	/Medicai Examiner		Immediate Causa (Final disease or condition	SHOTGUN	WOUND OF	' HEAD						
Ы	165	ner	resulting in death)		Dua to (or as	a conseque	ence of):					
	icata be axecuted physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. ———	Dua to (or as	a conseque	ence of):					
	E 0 6	/Medica	Causa (Disease or injury that initiated events rasulting in death) Lest	d	Due to (or as	a conseque	nce of):				-	
	mat ma deam ed by the atte detached for	by Physician/M	Part II. Other significant conditions	contributing to death	but not resultin	g in tha und	ariying causa gi	van in Part I.	23b. Did to	N	ntributs to	the cause of death?
	as been sign 2 should be	Completed b								n autopsy med?	avi coi	are autopsy findings allable prior to mpletion of cause death?
	o - 8	E O							DECY	as 2 No	A	Yas 2□ No
		BeC	25. Was casa raferred to medical					26. Placa of Dea				
	G 66	To	axaminar? 1 □X as 2 □ No	Hospital:	iant 2□ER	/Outpatient	3□ DOA Oth	hor:	oma 5X Rasid		er (Specify	y)
	With Wind		27. Mannar of Death  1 Netural 5 Panding 2 Accidant invastigat	28a. Data of Inj (Month, D	ey Year)	b. Time of Injury	28c. Inju Wo M 1	ry et rk? Yas 21/21 No	28d. Describe he SUBJECT SI		red	
	E Par	Certification:	3 Suicide 6 Could no datarmini	be 28e. Piece of Ir	jury - At homa tc. (Specify)		t, factory, office		28f. Location (S City or Town FREDERICK	n, Stata) 331	er or Rura E. PA	TRICK ST.
	within 24 hours a To the Funeral C	edical	29a. Cartifiar 1☐ Certifying (Check only one) 1☐ Certifying	Physician: To the best aminer: On the basis of end manner s	of axamination	dge, daath o and/or invas	ccurred at tha tis stigation, in my o	me, date and place, opinion, daath occur	and dua to tha c	ausa(s) and ma	anner as st and due to	ated. tha cause(s)
	within 2 To the comple	Me	29b. Signature and title of certifier	٥			29c. Licans	sa number	2	9d. Data signe	d (Month,	Day, Year)

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1996 O.C.M.E. JANUARY 15

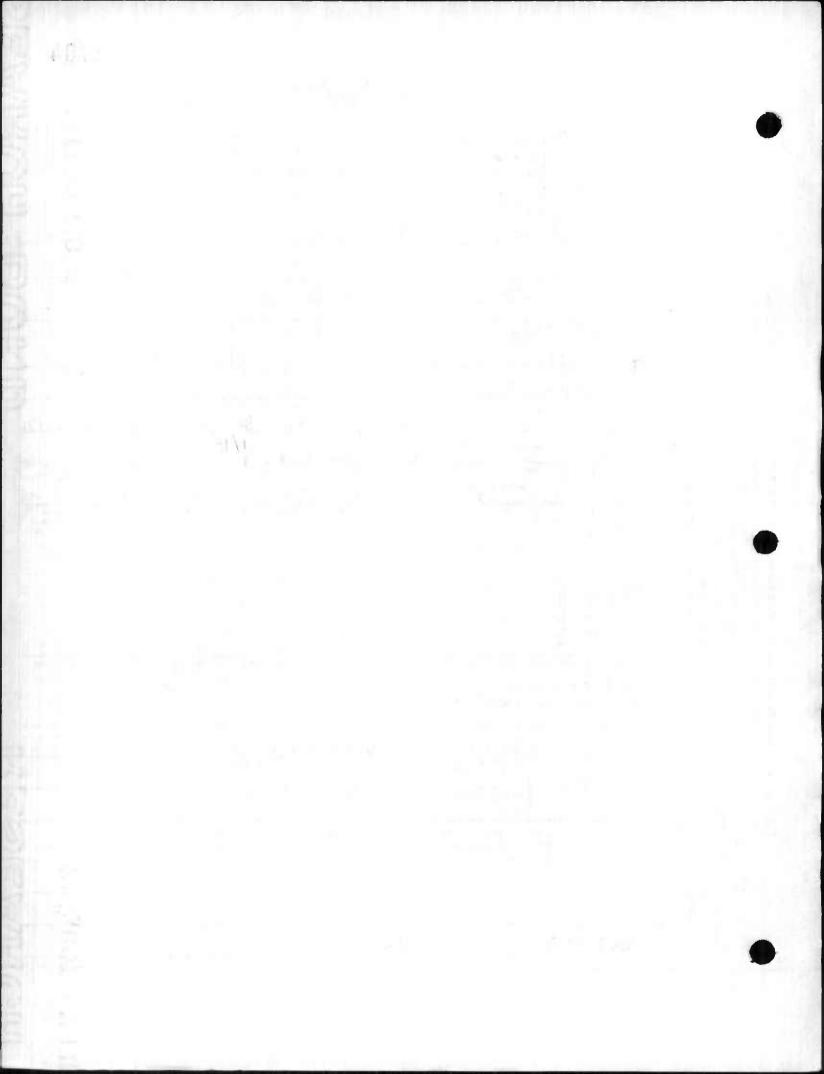
complated causa of death (item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 31. Data filed (Month, Day, Year)

State Registrar

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

						REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lea	- 101				TE OF DEATH DAY	YEAR 3.	9:10 Pu			
	4. SOCIAL SECURITY NUMBER 213 - 36 - 9625	A / /	yrs. lest birthdey) F I			TE OF BIRTH ONTH, Day, Year)	6. BIRTHPLI Country)	ACE (State or Fore			
OR	BO. FACILITY NAME (If not institution, give Frederick Hea	e street and number)  (th (ave (en		CITY, TOWN OR LI	OCATION OF DEATH	9c. COUN	OLV				
DIRECTOR	AESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  FYE DEVICE  1 DYES										
FUNERAL (	100. STREET AND NUMBER		1110		D 7 170	10g. CITI		T COUNTRY?			
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, specify	7 - 1	GIN? (Specify Yes or No— to Rican, stc.)	14. RACE — Black, W Specify:	American Indian White, etc. Black			
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
COMPL	17. FATNER'S NAME (First, Middle, Last)		C	18.	. MOTHER'S NAME (Firs	t, Middle, Meiden Surneme)					
TO BE	190. INFORMANT'S NAME (Type/Print)	ey Simms,	196. MAILING ADD	DRESS (Street end N	lumber or Rural Route N	umber, City or Town, State, Zip	Code				
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF DI		tersville	HE 20c. LOCATION -	City or Toyon	MD 21			
	1 Burlel 2 Cremetion 3 Re 4 Donation 6 Dither (Specify) 21. SIGNATURE OF FUNERAL SERVICE	T	Mry, cremetory or other p	1 lent	DDRESS OF FACILITY	Stroffer F	cick,	Mary			
	23. PART I. Enter the diseases, of	45 Dec		1621 €	possumt			r, 1110 2			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Acute rev		ure				i Mon			
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled example)	- b. Perphera  Due to (OR AS A C	CONSEQUENCE OF):	ular d	isease u	with leg u	lav	1			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. Per phera Due to (or as a c	CONSEQUENCE OF):			NHL leg U	lcer	1			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):			24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WI	2 Mov			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the cause of the	DUE TO (OR AS A CO.  DUE TO (OR AS A CO.  d.  HOSPITAL:	CONSEQUENCE OF):  It not resulting in the	ne underlying ca	use given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WI	2 Mon			
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the cause of the	DUE TO (OR AS A C. DUE TO (OR AS	CONSEQUENCE OF):  It not resulting in the	28. PLACE PLER: Nursing Nome 5 28c. INJURY WORK?	OF OEATH (Check only	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WI AN CC OF	2 Mou			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condit	DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. D. DUE TO (OR AS A C. d. D. D. D. D. D. D. D. D. D. D. D. D. D.	CONSEQUENCE OF):  It not resulting in the carrier of the carrier o	28. PLACE  28. PLACE  Nursing Nome 5  28c, INJURY  WORK?  1   YES	OF OEATH (Check only Reddence 6 O AT 28d. 4 2 NO 28f. L	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. Windows Co. Or 1	2 Mou			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  PART II. Other algnificant condition  PA	DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. DUE TO (OR AS A C. d. D. D. DUE TO (OR AS A C. d. D. D. D. D. D. D. D. D. D. D. D. D. D.	CONSEQUENCE OF):  It not resulting in the consequence of the consequen	28. PLACE  THER: Nursing Nome 5  28c. INJURY M 1 YES t, factory, office	OF OEATH (Check only Reddence 6 O AT 2ed. 6	24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  Ther (Specify)  DESCRIBE NOW INJURY OCC  OCATION (Street and Number lift) or Town, State)	24b. WIN NO CC OF 1 1	2 Mou			
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  PART II. Other algnificant condition  PA	DUE TO (OR AS A CONTROL OF TO (OR AS A CONTRO	CONSEQUENCE OF):  It not resulting in the consequence of the consequen	28. PLACE  28. PLACE  Nursing Nome 5  28c. INJURY WORK?  1  YES  t, factory, office  the time, date end	OF OEATH (Check only Reddence 6 O AT 2ed. 6	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  ther (Specify)  DESCRIBE NOW INJURY OCC  OCATION (Street and Number lity or Town, Stere)  cause(e) and manner as statustic and place, and due to the	24b. Will AN CC OF The Course of Rural Route of Rural Route of Cause(e) or E SIGNEO (M	2 Mou			
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of the cause of th	DUE TO (OR AS A CONTROL OF THE PROPERTY OF THE	CONSEQUENCE OF):  It not resulting in the consequence of the consequen	28. PLACE  28. PLACE  Nursing Nome 5  28c, INJURY WORK?  1  YES  t, factory, office  the time, date end my opinion, death	OF OEATH (Check only Residence 6 0 AT 2ed. 1 2 NO 2et. L place, end due to the occured at the time, d c. LICENSE NUMBER	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  ther (Specify)  DESCRIBE NOW INJURY OCC  OCATION (Street and Number lity or Town, Stere)  cause(e) and manner as statustic and place, and due to the	24b. Will Mile Co. Or Or Pural Roul Pour Roul Roul Pour Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Pour Roul Roul Roul Roul Roul Roul Roul Roul	2 Mou			



Approximate Interval Batween Onset and Death

10 years

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?

1 TES 2 NO

examiner must be notified at

TO BE COMPLETED BY FUNERAL DIRECTOR

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S C	peu	量	3
ulre	Sign	Hea	N.
req	een	6	35
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 is	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF DEATN

1 Natural

2 Accident

3 Suicide

4 Nomicide 29e. CERTIFIER

(Check only one)

29b. SIGNATURE

										4	0	02103
FOR STATE REGISTRAR		STATE OF N	MARYLA				EALTH AI		ENTAL HYGIEN			
1. DECEDENT'S NAME (First, N		L.		7	uns	sta	11	2	DATE OF DEATH	M//-	96	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-60-3115	9	5. SEX 1 M 2 X F	6. AGE (In	yrs. lest birthday	MONTHS	DAYB	HOURS M	and a	Month, Day, Year) eptember	1927 12.	Countr	NPLACE (State or Foreign ry) ginia
90. FACILITY NAME (# not institute Washington Administration of December 1981)	dvent		ital				Park	OF DEAT	H		gome	ry County
10e. STATE	Ob. COUNTY	George':	s		yatts							10d. INSIDE CITY LIMITS?  1X YES 2 NO
100. STREET AND NUMBER 6404 9th Ave:	nue						0783			Uni	ted Amer	what country? States ica
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES				2 X NO	13.	It yes, sp	ecity Cuban, k		ORIGIN? (Specify Ye Puerto Ricen, etc.)		14. RACI Blaci Spec	E American Indien, k, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Civil Service Employe					yee	United			overnment			
17. FATNER'S NAME (First, Mich Joseph Thomps									(First, Middle, Maider oliver	Surname)		
James Tunsta				6404	9th	Aven	ue, Hy	yatt	de Number, City or Tox sville, l			20783
20a METNOD OF DISPOSITIO 1 (X Burlel 2 Cremetion 4 Donetion 5 Other (S	3 🗆 Rem		Mou	PLACE AND DAT	e of dispo	sition (Na p <b>ti</b> s	t Chui	eter rch	y 1720 20c. Li 1996 Shui	nansv		own, State , Virginia
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE #MO	0690 CAA						uneral Ho Bowling (		, Vi	rginia
	ert failure.	complications the List only one can			not ante	r tha mo	da of dying	, such	aa cardiac or reap	iratory a	rreat,	Approximate Interval Batwe Onset and Da
iMMEDIATE CAUSE (Fina disease or condition resulting in death)		DUE TO	ORASA	Response	piral	rory	Fai	ilur	e			lhour
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated avents resulting in death) LAST	ata G	b. CY DUE TO	(OR AS A		bsk OF):		HVe			ised	lse	10 year

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES. X NO 🗆 UNCERTAIN 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYES 2 NO

PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify)

7600

28e. DATE OF INJURY (Month, Day, Year)

28b. TIME OF INJURY

28c. INJURY AT WORK? 1 YES 2 NO

28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify)

1 XCERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner se stated. nination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner se steted.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24a. WAS AN AUTOPSY PERFORMED?

1 TYES 2 NO

26d. DESCRIBE NOW INJURY OCCURED

30. NAME AND ADDRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Munzer,

8 Could not be

OF CERTIFIER

Carroll Avenue

29c. LICENSE NUMBER

D12582

29d. DATE SIGNED (Month, Day, Year) January 11, 1996

Takoma Park, Meryland

31. DATE FILED (Month, Day, Year) 1996

MJ

white ment is the work of the

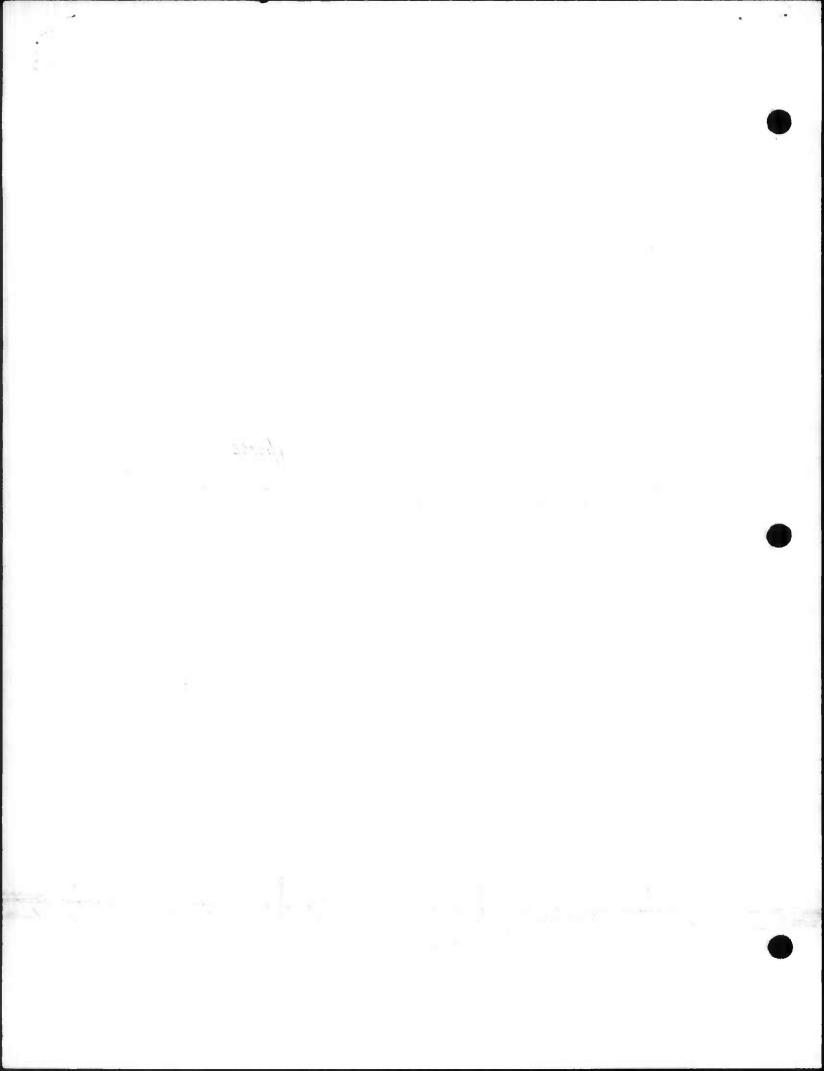
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DIVISION OF VITAL RECORDS, P.O. BOX	on attendant BuyerPiaki. The law comings that the death configure he ass
2	4
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OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a substance of the death. Page 6 may be retained by the hospital or attending physician.	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should burs after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	am 28 is marked or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT If Hem 28 is marked
1	7	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE C			YEAR	3. TIME OF DEATH	0
	CHACE / allor						/	8		96	10	М
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			8. BIRTI	PLACE (State or For	ign
	579 05 5139	1 M 2 DF	88	YRS.	IONTHS DAYB	HOURS MIN.	JAN.	Day, Year)	000	Count	HINGTON.	n c
-	9e. FACILITY NAME (If not institution, give	street and number)			9h CITY TOWN	OR LOCATION OF DE		03,		INTY OF D		U.L.
DIPECTOR	MANNER NURSING				LAUREL	The Country of the					GEORGES	
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOCAT	TION					10d. INSIDE CITY	
5	MADVI AND DOT	HCE CEODOE		1.011	יחרו						LIMITS?	10
	MARYLAND PRI  100. STREET AND NUMBER	NCE GEORGE		LAU		. ZIP CODE			10g, CIT	IZEN OF	WHAT COUNTRY?	-
LONERAL	34000 LAUDEL DA	DV DDIVE				207	07		11	CA		
	14200 LAUREL PA	12. WAS DECEDENT	EVER IN U.S. ARE	MED	13 WAS DEC	ENDENT OF HISPAN	<u> </u>	(Specify Yes		S.A.	E - American India	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 ()	0	If yes, sp	ecify Cuben, Mexica	in, Puerto Ri			Blac	k, White, etc.	
5	3 X Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 NO Specifi	y:			Spec	BLACK	
	15. DECEDENT'S ED	UCATION	16a, DEC	CEDENT'S U	SUAL OCCUPATION	ON .	16b.	KIND OF BU	SINESS/IN	DUSTRY	DEACK	
	(Specify only highest gra-	de completed)	(Gh	ve kind of wo Do NOT use	irk done during mo	st of working						
ان	Elementary/Secondary (0-12)	College (1-4 or 5+)		HOME	MAKER			N/A				
L L	12TH 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME /El- 14		C			
						LUCY	INTE (FRSI, M	ruure, manuori		TIOU	IS	
N C	JAMES  199. INFORMANT'S NAME (Type/Print)	PRUE	100				L'escale de					_
2		HARRIS				UE, ARDMO				(p Gode)		
		IARRIS					//C 511/					
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re	moval from State	20b. PLACE C		TION (Name of ce	metery, cremetory or	18/96	20c. LO			own, State MARYLAN	n
d	4 Donation 5 Other (Specify)		FORT	LINCO	LN CEME	TERY '/					RAL HOME	
	21. SIGNATURE OF FLINERAL SERVICE	LICENSEE	1									
-			hiaV(	ha.	3200	KHUDE 13	LAND	AVE.,	MI - K	AINI	ER,MD207	14
AL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (  DUE TO (  DUE TO (	OR AS A CONSEC OR AS A CONSEC OR AS A CONSEC	QUENCE OF)	:	g ceuse given in		24e. WAS AN		7 24	b. WERE AUTOPSY FI	
IN: MEDICA								PERFO			AMILABLE PRIOR COMPLETION DF COF DEATH?	AUSE
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1		LACE OF OEATH (C	heck only one	9)				
5	1 TES 2 NO	1   Inputient 2	ER/Outpetient 3		OTHER: 4 Nursing Hor	ne 8 🗆 Residence	6 🗆 Other	(Specify)				
-	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIME INJU	OF 28c. IN	JURY AT ORK?	28d. DES	CRIBE HOW	INJURY O	CCURED		
10	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO						
	3 Suicide 6 Could not b	28e. PLACE OF	F INJURY — Al ho	me, farm, st	reet, fectory, offic	:0				er or Rural	Route Number,	
Ú	4 Homicide determined	bunuing,	oras (absossib)				Uny C	or Town, State	,			
COMPLEIED	290. CERTIFIER 1 CERTIFYING PH	rSICIAN: To the best of	my knowledge de	ath occurre	d at the time of the	and place, and du	a to the nev	ea(a) and ma	DOOL OF THE	nted		
M	000)	NER: On the basis of ex									(e) and menner as st	ated.
3			310001		,y opinosi,	111 / 12 / 12 / 12 / 12 / 12 / 12 / 12	10.00				2000	
20	29b. SIGNATURE AND TITLE OF CERTIF	ier n. N.	11			29c. LICENSE NU		/			D (Month, Day, Year)	
2	proces per	aroces ou			Y 1	113	611	0		1/9	176	
-	II // 3 /	WHO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print) Co	MAY	/ fre	. 4	141	EC	196 NO 2	0707
	31. DATE FILED (Month, Day 1997)		R'S SIGNATURE	0.9/				/				•
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	ricalottian								_	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, L	nst)								TE OF DEATH			3. TIME OF DEATN	
	Thomas	TO	emple						MOI	NTH DA		YEAR 12:30 P M		
					_	_				<del></del>	0	96		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		# UNDER	1	7. DAT	TE OF BIRTH onth, Day, Year)		8. BIRTI	HPLACE (State or Foreign	
	577-52-3892	1) M 2 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	2	-21-38		V.	ïrginia	
	9e. FACILITY NAME (If not institution, (	ha atmost and avertage			A) 0177				<u> </u>	21 00				
_ 1					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE									
5	1915 Belleh	aven Driv	ve #101		Landover Prince						nce	George's		
DIRECTOR	RESIDENCE OF DECEDEN													
ŭ	10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION											10d. INSIDE CITY		
뜨	MD Prince George's Landover												LIMITS?	
			2 -										XXYES 2 NO	
¥	10e. STREET AND NUMBER					101	. ZIP COD	E			t0g. CIT	IZEN OF	WHAT COUNTRY?	
Œ	1915 Belleha	aven Driv	ve #101				2	0785	5			115	SA	
ž	11. MARITAL STATUS				1									
FUNERAL		FORCES?	NT EVER IN U.S. ARI							GIN? (Specify Yea to Rican, atc.)	or No-	14. RACI Blac	E — American Indian, k, White, etc.	
	1 Never Married 2 Married		WAR OR DATES					Specify					Black	
BY	3 Widowed Willoworced						2.5						DIACK	
	15. DECEDENT'S	EDUCATION	18a DEC	CEDENT'S	USUAL O	CCUPATIO	)M		Τ.	16b. KIND OF BUS	INESS /INI	DUSTRY		
ETED	(Specify only highest	rade completed)	(GA		work done			ng	Ι,	too. Kind of boo		001111		
۳ I	Elementary/Secondary (0-12)	College (1-4 or 5	+)											
COMPL	8th		C	onst	ruc	tio	n We	orke	er	P	riv	ate		
ő l	17. FATNER'S NAME (First, Middle, Last						18. MOT	NER'S NA	ME /Firs	st, Middle, Maiden				
		Unkno	a tata								oo, name,			
BE		Olikiit	JWII				,	mar y	1	emple	1			
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route No	umber, City or Town	r, State, Zij	p Code)		
6	Mary Temple	George/N	Mother	191	15 B	e11	ehar	ven	Dr	. #101	. T.:	ando	over 20785	
	20a, METNOD OF DISPOSITION		1				-		_					
	1X Buriel 2 Cremetion 3	Removal from State	20b. PLACE A cemetery, cren				me of				CATION —	City or To	own, Stata	
	4 ☐ Donetion 5 ☐ Other (Specify)		Harmo	onv	Mem	ori	a1 1	Park		/20			. MD	
	4 Donetton 5 Other (Specify) Harmony Memorial Park   06 Landover, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  J.B. Jenkins Funeral Home													
	1/1/1/1	n 1 4	RIA	1.11		J.B	. Je	enki	ns	Funer	a1	Home	2	
		MARIA	PYLLI	NAT	W								over 20785	
					F 11	141	4 T.:					$=$ $n \alpha \alpha$		
	23 PART I Enter the diseases	or complications th	et courad the de	AUIU	11	141	4 La	dirac	ove.	I KOAU	, 1,	ando		
	23. PART I. Enter the diseases, shock, or heert fell	or complications the	et ceused the der	in. Do r	not enter	14 /	4 La	ring, auc	h an c	ardiac or reapl	ratory ar	and c	Approximate	
	shock, or heert fell	or complications the	et ceused the dea	in. Do r	not enter	14 /	4 La	ring, auc	h aa c	ardiac or reapl	ratory ar	anac		
	shock, or heert fell IMMEDIATE CAUSE (Final disease or condition	ire. List only one ce	ruse on each line.			r tha mo	de of dy	ing, auc	h aa C	ardiac or reapl	ratory ar	reat,	Approximsta Interval Between Onset and Dasth	
	shock, or heert fell IMMEDIATE CAUSE (Final	ire. List only one ce	ruse on each line.			r tha mo	de of dy	ing, auc	h aa C	ardiac or reapl	ratory ar	reat,	Approximsta Interval Between Onset and Dasth	
	shock, or heert fell IMMEDIATE CAUSE (Final disease or condition	ire. List only one ce	et coused the decuse on each line.			r tha mo	de of dy	ing, auc	h aa C	ardiac or reapl	ratory ar	reat,	Approximsta Interval Between Onset and Dasth	
2	shock, or heert felli IMMEDIATE CAUSE (Final disease or condition reculting in death)	ire. List only one ce	ruse on each line.			r tha mo	de of dy	ing, auc	h aa C	ardiac or reapl	ratory ar	reat,	Approximsta Interval Between Onset and Dasth	
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#### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 🤉 🦒 Certificate of Death 1. Decedent's Neme (First, Middle, Last) (Rita May Titus) 2. Dete of Deeth 3. Time of Death **Physician** 4c. County of Deeth annoyy !! /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City. Town, or Location of Deeth Examiner 5014 37th Place Hyattsville Prince George's If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. (Month, Dey. 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2ĦF Deys Yrs. 577-40-0306 90 Director Vermont Usuel Residence of Decedent the Maryland 10a Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Modical Examiner must be notified at 1 Yes 2 □ No Maryland Prince George's Hyattsville Direct 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? nit. Pages 1 end 2 should be filed within 72 hours after death with tartment of Health and Mentel hygiene.
ortant: if item 27 is marked other than "natural", or items 23a or 7 injury or other traumatic event, fire Mod on 5014 37th Place 20782 United States of America Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Everett Corwin Nina В. Merrill 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rodney I. Titus 5014 37th Place, Hyattsville, Maryland 20782 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Fort Lincoln Cemetery 1/18/1996 Brentwood, Maryland 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 12 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final artensselvata cardiovas cular ducose disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting In deeth) Last Due to (or es e consequence of): and Box 68760. physician s the burie Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by it 1 Yes 2 No 3 Probably 4 € 60 known Division of Vital Records, by 24b. Were autopsy findings eveileble prior to Completed 24a. Was an autopsy completion of cause of deeth? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata or Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) examiner Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 2 2□ No 5 Residence 6 Other (Specify) this Certification: 27. Menner of Deeth 28d. Describe how injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? After 1 Natural 5 Pending To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completaly filled in by the fu death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner as stated. 2 \*\* Additional Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) end menner steted. (Check only one) 29b. Signeture and title of cartifier 29c. License number 29d, Dete signed (Month, Dev. Year) 6 Raybum Ct. G. gri The 20748

DHMH 16 Rev 6/95

State Registrar TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing four ster death. Page 6 may be retained by the hospital or attending physician.

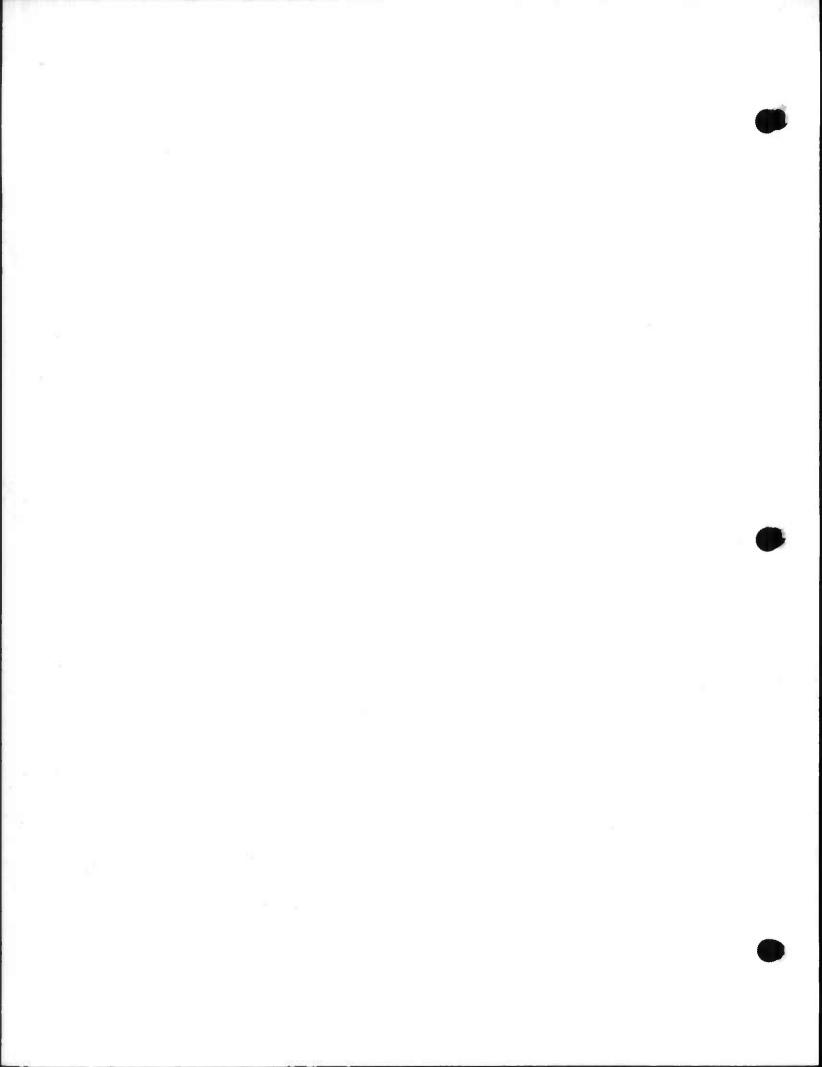
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (	OF DEATH		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF DEA	TH			
	Robert Anthony Waluko	nis						S. 1996 3:16  S. BIRTHPLACE (State or Country)  1934 Pennsylvan  Sc. COUNTY OF DEATH  Frederick  10d. INSIDE C. LIMITS? 1 K YES 2  10g. CITIZEN OF WHAT COUNTRY  Inited States or No— 14. RACE—American in Black, White, sic. Specify: White  SINESS/INDUSTRY  DPING (AGV)  Surname)  S. State, Zip Code)  C. M. MD 21702  CATION—City or Town, State  Prederick, MD 2  Frederick, D 2  Frederick MD 2  Frede	3:16	PM				
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. lest birthday)	-		7. DATE OF	AND STATE OF BIRTH DAY 13, 1996 3:16  E OF BIRTH 13, 1994 Pennsylvan:    10	oreign						
	172-28-9732 ¹፟፟™²□¹	2. ONTE OF DEATH DOW JANUARY 13, 1996 3, 1516 or FORTH DOWN JANUARY 13, 1996 3, 1516 or FORTH DOWN JANUARY 13, 1996 3, 1516 or FORTH JANUARY 13, 1996 3, 1516 or FORTH JANUARY 13, 1996 3, 1516 or FORTH JANUARY 13, 1996 3, 1516 or FORTH JANUARY 13, 1997 PRITEIRLY AND FORTH JANUARY 14, 1997 PRITEIRLY AND FORTH JANUARY 1516 OR FOR	a											
	9s. FACILITY NAME (If not institution, give atreet and number)			96. CITY, 10	WN OR LOCATION OF		T							
DIRECTOR	Frederick Memorial Hospi	tal		Fred	erick		Frederick							
RE	10s. STATE 10b. COUNTY		10c. CI7	Y, TOWN OR L						Y				
	Maryland Frederick		Fre	derick							NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZI	EN OF Y	WHAT COUNTRY?				
ij	1494 Heather Ridge Court				21702		1	Jnite	d S	States				
E		ENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (S	pecify Yes	or No-	I4. RACE	E — American Indi	en,			
B≺	1 Never Married 2 Merried FORCES?  3 Wildowed 4 Divorced FORCES?	WAR OR DA	TES							Hy:				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)					16b. K/I	ND OF BUSI	INESS/INDU	STRY					
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or	5+)	life. Do NOT u	se retired.)	g most or working									
MP	4		Contrac	t Admi	mistrator		Shir	ping	(A(	GV)				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Midd								
BE	Adolph Walukonis				Cather	ine B	alkus	6						
10	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rura	/ Route Number,	City or Town,	, State, Zip C	Code)					
۴	Mary Ann Walukonis		1494 1	leathe	r Ridge Ct	Fre	deric	k MI	) 2	21702				
	20e. METHOD OF DISPOSITION 1 □ Burlel 2/□ Cremetion 3 □ Removal from State	20b.	PLACE AND DATE	OF DISPOSITIO	N/Nemont	DATE	200 100	ATION C	du on To	Cinto				
	4 Donation 5 Other (Specify)	Ha	gers town	n Crema	atory	1/15	Hage	rstov	m.	Marylan	d			
	21. SIGNATURE OF FUNERIAL SERVICE LICENSEE	)		22. NAN	E ANO ADDRESS OF F	ACILITY								
	1	50.								0.				
	23. PART I. Enter the diseases, or complications to	nat caused	the death. Do a	not enter the	mode of dving av	ch as cardiac	ke, r	redei	cick					
	snock, for heart failure. List only one of	ause on ea	ch line.		g, sa	on as carage	or respire	atory arres	pt,	Interval B	etween			
	IMMEDIATE CAUSE (Final disease or condition													
	resulting in death)  a. Ventncular fibrillation  DUE TO (OR AS A CONSEQUENCE OF)													
-	- 111	000	0	(-	· -450				-					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	O (OR AS A	CONSEQUENCE OF	P:	renon					proper				
8	cause. Enter UNDERLYING	ona	THE POR	Tell	diseas	0				1				
Ě	CAUSE (Disease or Injury that Initiated events	O (OR AS A	CONSEQUENCE OF	F):	4 - 2000					190				
	resulting in death) LAST									ľ				
	DART II Other significant applitudes applitude	- 4 - 4 4 -							_					
DICAL	O to the significant conditional contributing	to death bu	t not resulting	in the under	lying ceuse given in	Pert I. 24			24b.					
	Chronic Obstruction	o pul	morrar	y aus	ease		YES 2	NO			CAUSE			
ME	history of alcoho	Ism	w/ cere	Bella	1 ataxi	a				1 - YES 2 1	NO			
PHYSICIAN:						IN 🗆								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	2	6. PLACE OF DEAT		one)									
XS	1 ☐ YES 2 K NO 1 ☐ Inpetient 2	ER/Outpe	tient 3 🗆 DOA		Home 5 - Residence	6 🗆 Other (Sp	pecify)							
	27. MANNER OF DEATH  1 Netural 5 Pending	Day, Year)				28d. DESCRI	BE HOW IN.	JURY OCCU	REO					
B	2 Accident Investigation													
	3 Suicide 6 Could not be determined	of INJURY - g. etc. (Specif	— At home, ferm, s	dreet, factory,	office	281, LOCATIO	N (Street an	nd Number or	Rural A	loute Number,				
E	4 Tromote determined													
291. CERTIFIER (Check only one)  292. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.														
S										) and manner as s	toted.			
	296. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NU									
BE	Mean & Day	0	1		D43			DATE:	110	- la				
일	SO, MAME AND ADDRESS OF PERSON WHO COMPLETED OF	USE OF DEAT	TH (ITEM 27) (Type,	Print)	2.3	201		/	115	176				
	SUSAN B. BRINKLEY	MD.	915 70		se Ave S	vite 20	3 A	reder	CK.	MDZ	701			
	31. DATE FILES (Month Day, Year) 996 32. REGIST	RAR'S SIGNAT					7							
	Julia a	necles	Radag								ļ			
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	N.	Afte
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	2	23

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	_					
Į,	1. DECEDENT'S NAME (First, Middle, Last)	***				2. DATE OF DEATH		3. TIME OF DEATH				
	RUTH ELIZABETH V	VILLHIDE				JAN. 9, 1	996 YEA	10:00 pM				
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign				
		1 □ M 2 🏋 F 80	YRS.	TIME DATE	HOURS MIN.	JULY 15,		MARYLAND				
~	9a. FACILITY NAME (If not institution, give street		96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH				
DIRECTOR	ST. CATHERINES NURS		FREDI	ERICK								
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION		10d. INSIDE CITY					
D	MARYLAND FREDER	RICK	THUR	MONT				1 XYES 2 NO				
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	130 W. HAMMAKER ST.	P			21788		U.S.	Α.				
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No- 14. F	RACE — American Indian, Black, White, etc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2X NO Specify			Specify:				
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USE	JAL OCCUPATION	ON .	16b. KIND OF BU		VHITE				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo-	st of working							
APL.	12	4	PROGRAMM	ER		RADTO	AND T.	V.				
Ö	17. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S NA	ME (First, Middle, Malden	Surname)					
BE (	WILLIE Z.	WILLHIDE			ZULA		STOCKSI					
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow						
	BARBARA R. NELSON					GMONT, COI						
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remov		PLACE OF DISPOSITION Other place)		netery, crematory or		CATION — City of					
	4 □ Donation 5 □ Other (Specify) WELLER CEMETERY 1/15 THURMONT, MARYLAND  21. SIGNATURE OF FUNERAL SERVICE LICENSE											
	11/1/1					LEY & SON.	P.A.					
	1//			615 E	. MAIN S	T., THURMO	NT, MD	21788				
	23 In I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused st only one cause on es	the deeth. Do not ch line.	enter the mo	ds of dying, eucl	h es cerdlec or resp	Iratory srrest,	Approximata Interval Between				
6	IMMEDIATE CAUSE (Final	Acate.	and C	hear	110	~		Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Acute and Chion ic Chion is Chion in Chion											
	Sequentially list conditions to Advanced A/Theimais Disease Flaces											
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	7-1-66	I can	21 3 11	3-000	e years				
CAT	cause. Enter UNDERLYING											
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				-					
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other significant conditions	contributing to death bu	rt not resulting in t	he underlying	g ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
OA	Rlaucom	a				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC							. Lighton	OF DEATH?				
2												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)						
SIC		HOSPITAL: 1 - Inpatient 2 - ER/Outpi		THER: X Nursing Hom	e 5 🗆 Residence	6 Other (Specify)						
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURE	D				
ВУ	1 Natural 6 Pending 2 Accident Investigation				YES 2 NO		1.00	10.00				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre-	et, factory, offic	•	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ET							:					
APL	cont only	IAN: To the best of my knowle										
COMPLETED	2 MEDICAL EXAMINER	On the basis of examination	and/or investigation, i	n my opinion, d	leath occured at the	time, date and place, a	nd due to the car	use(e) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- 16	2	20	29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)				
5	Dondal Kr	- 10-1	417EL	p. O.	#440	37	0/-	-0-96				
-	36. NAME AND ADDRESS OF PERSON WHO				VID 0	01707						
	BONNITA PORTIER, I	32. REGISTRARIS SIGNI	N AVE., E	MMITSB	URG, MD.	21727						
	I JAN 1 9 1996	32. REGISTRARIS SIGNA	cor Randall									
	- 1000	11/										

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			8	State of Marylan		artment of <i>rtificate of</i>			jiene 9 6 10g. No.	02711		
	Physic /Medi		Decedant's Nama (First, Middla, Last)     JENNETTA	WILLOUG	HBY			2. Data of Daa JANUARY	-	3. Time of Death 13:00 PM		
	Examii	ner	4a. Facility Nama (If not institution, give street PRINCE GEORGES C		HOSPI'	TAL	4b. City, Town, o CHEVERI	Location of Death	4c. County	of Death E GEORGES CO.		
	Funeral Director		Social Sacurity Number 6. Sex	7. Aga (In yrs. 85		If Undar 1 Yaar Months Days			, Year) -1910	9. Birthplaca (State or Foreign Country) KINSTON, NC		
	Maryland -1 show	tor	10a. Stata 10b. County  MD PRINCE GE	HDD	y, Town or Lo		1ARYLAN	D		10d. Inside City Limits  XXYas 2 □ No		
	h with the	Funeral Director	10e. Street and Number 11339 DRUMSHEUGH			10f. Zip Coda 20772	2	1	10g. Citizan of What Country?			
020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hyglene. Important: if item 27 is marked other than "natural", or Nems 23a or 28a-f show any Injury or other treumatic event, the Medical Exeminet must be notified at ance.	by	11. Marital Status  1 Nevar Married 2 Married  X Widowed 4 Divorced	Was Decedant Evar in U, Armed Forcas? 1 Yas 27 No If Yas, Giva Yaar or Datas:	Hispanic Orlgin? ( ban, Maxicen, Pua Specify:	Specify Yas or No- rto Rican, atc.)	Blac	e - Amarican Indian, ck, Whita, atc. 7: BLACK				
21215-0020	filed within 72 h Hygiene. ther than "netu	Completed	15. Decedant's Educett (Specify only highast grada co Elamantary/Secondary (0-12) 6TH	ion om <i>plated)</i> Collaga (1-4or 5+)	(Giva lifa. E	lent's Usual Occu kind of work done OO NOT usa retire MESTIC	pation a during most of w ad)	orking	usinass/industry  IVATE			
Maryland 2	ould be filed Mentel Hygie arked other	To Be Co	17. Fathar's Nama (First, Middla, Last) ELIAS PHILLIPS		50.	1100110		ama (First, Middla, I	Maidan Suman			
	1 end 2 shou Health end N em 27 is man		19a. Informant's Name/Relationship (Type, JOYCE MATTHEWS— I	,				Rural Routa Number				
Baltimore,	ment of He ant: If Item jury or oth		20a. Mathod of Disposition  1 ☐ 3 ☐ rain 2 ☐ Cramation 3 ☐ Ram  4 ☐ conation 5 ☐ Other (Specify)	Ci Ci	amatary, crem	sition (Nama of natory or other pla MEMOR	IAL CEM	1-18		City or Town, Stata  ND, MD		
Ball	permit. P Departme Importan any Injur		21. Spretture of Euroral Service Deensed	trickle	1		'S FUNE	RAL HOMI		WASH., DC		
	Physician /Medical Examiner	,	23a. Part1. Entar tha disaasa, or complicat shock, or heart feilura. List only one of the condition disaasa or condition rasulting in death)	Perpinate  Dua to (o	•	A ,	Ing, such as cardi	ac or raspiratory arr	est,	Approximata Intarval Batween Onset and Death		
	nsit	Examiner	b	Marrive	_ Ce	rehal	Poles	ling				
8760,	e be axecuted sician and e burial-trensit	dicai Exa	Sequantially list conditions, if any, leading to immediate ceusa. Enter Undarlying Causa (Disaasa or Injury that initiated events to death locations of the conditions of the									
Box 68	the death certificete be axecuted y the ettending physician and tched for use as the bunal-trensit	w	resulting in death) Last									
P. O.	es that the deat igned by the ett be datached for	y Physician/M	Part II. Other significant conditions contrib	outing to death but not rasu	ulting in the ur	nderlying ceuse g	ivan in Part I.			atribute to the cause of death?		
Records,	aw requir ss been s 2 should	Completed by						24a. Was a perform		24b. Wara autopsy findings availabla prior to completion of causa of daath?		
	The ate h							1 □ Y	as 20 No	1 ☐ Yas 2 ☐ No		
n of Vital	this aldi	n: To Be		pital: 1 Inpatiant 2   28a. Data of Injury (Month, Day Year)	26. Piaca of Death (Check only ona)     27. Piaca of Death (Check only ona)     28. Tima of Injury   28. Injury at Work?   28. Piaca of Death (Check only ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28. Piaca ona)   28							
Division	I or Attending I after death. Director: After d in by the funer	Certification:	2 Accident invastigation	28a. Piaca of Injury - At ho	Injury ma, farm, stre	M 1	Yes 2 Ho	28f. Location (St City or Town	(Streat and Number or Rural Routa Number,			
٥	Hospita 14 hours Funeral taly filled	edical Cer	29a. Cartifiar (Check only enel	an: To the best of my know: On the basis of axaminat	wledge, deeth	occurred et the trestigetion, in my	ime, dete end piac opinion, daath occ	e, and dua to the courred at tha time, d	ause(s) and ma ata and place,	nnar as stated. and dua to tha ceusa(s)		
	To the within 2	Med	29b. Signature and title of certifier	and mannar stated.		.0.1 -	sa number	2	9d. Deta signe	d (Month, Dey, Year)		
	(3)		30. Name and eddress of parson who comp	ieted ceuse of death (Itam	23a) (Type, F		t Jood	to ches	reily a	4 20785		

Registrar

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIF	CATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YI	3. 1	TIME OF DEATH			
	David Wilcox	v					1996	ian .	5.00 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX		birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign			
	267-07-4322 1 ⊠	M 2 □ F 85	YRS.	MONTHS DAYS	HOURS MIN.	April 9. 19	10	Country)	ia			
	9a. FACILITY NAME (If not institution, give street and	d number)		9b. CITY, TOWN (	R LOCATION OF DE		9c. COUNTY	OF DEATH	н			
E	9603 Beachwood Avenue			Seabn	ooke		Prince	Georg	nels			
KI	RESIDENCE OF DECEDENT			00001	JOINE		TTTMCC	GCO1 E	ge 5			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ION			10d	I. INSIDE CITY			
<u>=</u>	D.C.		Was	shington			10	YES 2 NO				
AL	10e. STREET AND NUMBER			10	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?			
FUNERAL	4620 Hanna Place,	SE			2001	19	U.S.	Α.				
5	11. MARITAL STATUS	AS DECEDENT EVER IN U.S. ARM ORCES? 1 X YES 2 N	MED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	s or No- 14.	RACE - / Black, Wh	American Indian,			
ВУ Е	1 Never Married 2 Married IF	YES, GIVE WAR OR DATES	0		2 NO Specify	n, Puarto Rican, etc.)		Specify:				
H	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ted) (Gh	ve kind of wo	SUAL OCCUPATION done during me	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY				
9		ege (1-4 or 5+)	Do NOT use			F . 1						
COMPLETED	3rd Grade		ruck [	Jriver		Federal (		nt				
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Surname)					
BE	Jim Wilcox					attie Wilcox						
6	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov						
	Mrs. Mattie E. Wilcox (Wi					shington, D.(						
	20s. METHOD OF DISPOSITION  1XXBurial 2 □ Cremation 3 □ Removal fro	20b. PLACE A	ND DATE OF	F DISPOSITION (Na	me of	DATE 20c. LC	CATION — City	or Town,	State			
	National Harmony Memorial Park 1/16/96 Landover, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ROTT	ins Funeral	Home, Inc.						
	entit	mdons	2			, N.E. Wash	nington.	D.C.	20019			
	23. Party I. Enter the diseases, or complic	cations that caused the de-	ath. Do no						Approximate			
	ahock, or heart fellure. List on	nly one cause on each line.	•						Onset and Death			
	disease or condition											
	reaulting in death)  a. Sepsis  Due to (or as a consequence of):											
_	Multiple Decubitus Ulcers 8 wks											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Urinary Tract I	nfect	ion					4 wks			
트	that initiated events	DUE TO (OR AS A CONSEO	UENCE OF	):								
E	resulting in death) LAST	Recent Resolved	l Pneur	monia					8 wks			
	PART II. Other algoriticent conditions cont	tributing to death but not re	esuiting is	the underlyin	n cause diven in	Part I. 24s. WAS AF	VPQCTIAL	24b WE	RE AUTOPSY FINDINGS			
DICAL	The engineering obtained obtained	moding to douth but the	osoking ii	tile dilderlyin	a cacae Aireil III	PERFO		AVA	MILABLE PRIOR TO MPLETION OF CAUSE			
Ē						1 TYES	2XX NO		DEATH?			
Σ	DID TODACCO LICE CONTRIBUTE	TO TO CALLED OF DEAT	TIL VE		1 IN ICEDIAN			1 [	YES 2 NO			
Ä	DID TOBACCO USE CONTRIBUT				UNCERIAIN	ч 🗆 📗						
PHYSICIAN:		SPITAL:		H (Check only one) OTHER:								
YS		Inpetient 2 ER/Outpetient 3					RF					
H	27. MANNER OF DEATH  1 [V] Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT	28d. DEŞCRIBE HOW	INJURY OCCUP	ED				
В	2 Accident Investigation				YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, si	treet, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route	Number,			
E												
7	TOTAL OTHY	To the best of my knowledge, dea	ath occurre	d at the time, date	and place, and due	to the cause(a) and ma	nner as atated.					
COMPLETED	one) 2 MEDICAL EXAMINER: On t	the basis of examination and/or in	nvestigation	, in my opinion,	leath occured at the	time, dats and place, s	nd dus to the c	ause(s) sn	d manner ss stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	$\wedge$	\		29c. LICENSE NUN	MBER	29d. DATE S	IGNED (Mo	onth, Day, Year)			
0	Harry W.	Vances MA	1		03011		▶ 01	15-96				
2	30. NAME AND ADDRESS OF PERSON WHO COM	PETED CAUSE OF DEATH (ITER	27) (Type,	Print)	*		•					
	Gary W. Jones MD 113	305 Pitsea Dr. Be	eltsvi	11e Md 2	0705-1757							
	31. DATE FILED (Month, Day, Year) 3	32. REGISTRAR'S SIGNATURE										
	JAN 19 1996	Jaha Davelson Ras	4									

22.

INTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 should be page 1, 2, 3 should be detached for use 3 shows any light permit be used 1, 2, 3 should be detached for use 3 shows any light permit between 1, 1, 2, 3 should be detached for use 3 shows any light permit between 1, 1, 2, 3 should be used 1, 2, 3 should be used 1, 2, 3 should be used 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR ERTIF					MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH			3. TIME OF DEATH	
	Stephen A. Wi	dnick							Jan	uary 8	199	96 SEAR	3:25 PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		S. BIRTH	PLACE (State or Foreign	
	064 01 7872	1 XXM 2 ☐ F	80	YRS.	MONTHS	S DAYS HOURS MIN. (Month, Day, Year)  July 28 19					915	New York		
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATN			
DIRECTOR	Bowie Health Car	e Center		Bowie						George's				
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	ν		10c CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY			
E	Maryland Anne		Crofton									LIMITS?		
	10e. STREET AND NUMBER	TIT GITGET			10110		ZIP CODE				100 CIT	IZEN OF W	1 ☐ YES \${\bar{\bar{\bar{\bar{\bar{\bar{\bar	
FUNERAL	1733 Tarrytown	Ave				"	2111						States	
N.	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. A	RMED	13.1	MAS DEC			IC OBIGI	N? (Specify Yes			- American Indian,	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES		1	f yea, sp		n, Maxicar	n, Puarto	Rican, etc.)	G 110	Speci	, White, atc.	
6	15. DECEDENT'S EDU (Specify only highest grade	DECEDENT'S					16	b. KIND OF BUS	SINESS/IN	DUSTRY				
Щ	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of ife. Do NOT u	se retired.)	auring mo	St of Workin	9	N	lew Yor	k Ci	ty		
P	12			Fire	nan				F	Fire De	part	ment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NAM	ME (First,	Middle, Malden	Surname)			
BE (	Hararym Widnick			100			A	nna l	Holu	bowich				
10	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow				
-	Michelle Lombard	0		1741	Tarr	ytow	n Av	e. (	Crof	ton Ma				
	20a. METNOO OF DISPOSITION KXBurial 2 ☐ Cremation 3 ☐ Rem	oval from Stata	cemetery o	E AND DATE	ther plecel				DAT		CATION —	City or To	wn, Stata	
	RX Burlai 2   Cremation 3   Removal from Stata   Cemetery, cremetory or other place)   Mount Saint Mary's Cemetery 1/12/96   Flushing New York   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY													
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-	$\overline{\mathbf{Q}}$						uneral	Hom	o P	Δ	
	Kovent E	C.IT	ma	Tre						Rd. Bow				
CERTIFICATION											Interval Between Onset and Death			
CAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPS PERFORMED?								MED?	24b	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
PHYSICIAN: MEDI	DID TOBACCO USE CONT	DIRLITE TO C	VIISE OF DE	ATL V	ES [] 1	NO V	LIKIC	EDTAIN			•		1 NES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	LIBUTE 10 CA		ACE OF DEA			CONC	IAI AI	4 14		_			
S	EXAMINER?	HOSPITAL:		Α	OTHER	₹:								
ΤX	27. MANNER OF DEATH	1 Inpatient 2		26b, TIR		26c, INJ		aldenca		er (Specify)	N HIEV O	CLIBEO		
	1 Netural 5 Pending		Day, Year)		JURY	WC	RK?	T NO	200. 00	SCHIBE NOW I	NJONT OC	CONEO		
ВУ	2 Accident Investigation	26s. PLACE	OF INJURY — A1	home, farm.	atreet fact				28f I O	CATION (Street i	and Numbe	v or Rural I	Pouts Number	
ED	3 Suicide 6 Could not be 4 Nomicide determined	building	, etc. (Specify)			,				y or Town, State)			none itempor,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS												a) and manner as stated.	
	29b. SIGNATURE AND THE OF CERTIFIE	0				29c. LICI	ENSE NUM					(Month, Day, Year)		
) BE	KIKE	Zas	الملا	S			D-	1194	5		•	1 (	10 016	
2	Robert L. Batsl	NO COMPLETEO CAL	38 De H	rem 27) Nypo	Hev.	y. 6	ane	brill	15 1	Nd. 21	1054	1	1	
	JAN 17 1996	Jalia di	AR'S SIGNATURE	de										

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien 6 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Death 5 1996 4c. County of Death 4b. City. Town, or Location of Death 4a. Facility Neme (If not institution, give street and number) PRINCE GEORGE'S HOSPITAL The state of the s PRINCE GEORGE'S 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sax 7. Age (In yrs. last birthday) Birthplaca (Stete or Foreign Country) 1 M 2 □ F Months Days 64 JULY 6, 1931 NEW ORLEANS, Yrs. 437-38-0661 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits X□ Yas 2□ No MARYLAND PRINCE GEORGE'S SEAT PLEASANT 10e, Street and Number 10f. Zip Code 10g, Citizen of What Country? 917 CARRINGTON AVENUE 20743 USA 11. Marital Status 12. Was Decedent Ever In U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, atc. 1 Never Married 2 Married No Yas 2 No If Yes, Give 1 ☐ Yes 2 ☑ No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Yeer or Dates MARINES 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) Elamentery/Secondary (0-12) Collega (1-4or 5+) 12th ENTERTAINMENT SINGING 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumeme) GEORGE WHITE, SR. MARY WASHINGTON 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) DANA BELL/ DAUGHTER 2819 CLERMONT ST. NEW ORLEANS, LA 70121 20b. Pleca of Disposition (Neme of camatery, cremetory or other pleca) 20c. Location - City or Town, State 20a. Method of Disposition Data 1 ☐ Burlal 2 ☐ Cramation 3 ▼ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) MARY'S CEMETERY 1-13-96 NEW ORLEANS, LA 21. Signature of Funeral Sarvica Licenses 22. Nama and Address of Facility 23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line. J.B. JENKINS FUNERAL HOME 7474 LANDOVER ROAD LANDOVER, MARYLAND 20785 Approximeta Intervet Between Onset end Death Immediate Cause (Finel Introduction Hemorrhage Mercan disaasa or condition resulting in death) Due to (or as a consequence of): Hypertenous 16000 Due to (or es e consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Onknown ceretrovo who Account Rend 24a. Was en eutopsy performed? 24b. Were autopsy findings evallable prior to completion of cause of deeth?

**Physician** /Medical **Examiner** 

**Physician** 

/Medical

**Examiner** 

10a Stata

**Funeral** 

Director

must be notified at

6

"netural",

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: If Item 27 is marked othe eny injury or other traumatic event

traumatic event, the Medical Examiner

filed within 72 hours efter

21215-0020

Maryland

Baltimore,

Director

Funeral

þ

Completed

Be

Examiner Physician/Medical þ Completed certificate Be Certification: To this After or Attended of the death filled in by

The law requires that the death certificate be executed

Box 68760.

P.0.

Records,

Division of Vital Attending Physician:

death

To the Hospital within 24 hours e To the Funeral D Hospital

Sequantielly list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Diseese or Injury that initiated events resulting in death) Last

Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

I cobe tes Belliano

1 ☐ Yes 2 ☐ No

25. Was case referred to medical exeminer? 1 Yes 2 No 27. Menner of Death

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury et Work?

26. Pleca of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28a. Data of Injury (Month, Dey Year) 1 PNatural 5 Pending Invastigation 2 Accident 6 Could not be datermined 3 Suicide 28e. Plece of Injury - At home, farm, straat, factory, office building, etc. (Specify) 4 - Homicide

1 Tyes 2 No

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

29e. Cartifiar (Check only one)

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and pleca, and due to the causa(s) and menner es stated. 2 Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mennar stated.

29b. Signature and title of certifier · blue an

29c. License number 025079 29d. Data signed (Month, Day, Year)

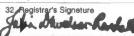
30. Nama and address of parson who complated cause of death (Item 23a) (Type, Print)

Don H. Yob Languitz, Mo 7704 Lineways Pl. M 0-02, Sechrock, Mo 20700 stimonal day

State Registrar

Medical

31. Dete filed (Month, Day, Year) 1996



Attending

FOR STATE REGISTRAF

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	RTIF	CATE C	F DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Margaret			fil	allace			2. DATE OF	DEATH OF	5. 19	96AR	3. TIME OF DEATH 6:35A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	-	IF UNDER 1 YES	R IF UND	ER 24 HRS.	7. DATE OF (Month, D	BIRTN ay, Year)		a. BIRTH Countr	IPLACE (State or Foreign y)
	577-44-2632  9a. FACILITY NAME (If not institution, give st		63		9b. CITY, TOY	VN OR LOCA	TION OF DE		9, 1	9c. COU	NTY OF D	
5	DOCTOR'S COMMUNI		L		LANH	AM				PRI	NCE	GEORGE'S
DINECTOR	MARYLAND PRINC	r E_GEORGE'S			, town or lo YATTSV							10d. INSIDE CITY LIMITS?  1 YES 2X NO
171	10e. STREET AND NUMBER					101. ZIP CO						VNAT COUNTRY?
CINE	5223 KENILWORTH  11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARI	MED	13. WAS	DECENOENT	781 of hispai	NIC ORIGIN? (	Specify Yes		14. RACI	STATES  - American Indian,
-	1 Never Married 2 Married 3 Wildowed 4-A-Divorced	FORCES? 1 THE IF YES, GIVE WAR		0		, specify Cui YES 2 X N		in, Puarto Rici y:	en, etc.)	k, White, etc.  #y: BLACK		
2	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	CEDENT'S ve kind of vi Do NOT us	USUAL OCCUP rork done during e retired.)	ATION most of wor	king	16b. KI	ND OF BUS	SINESS/INC	DUSTRY	
CIMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			EEPER			FED	ERAL	GOVE	RNME	NT
)	17. FATHER'S NAME (First, Middle, Last) UNKNOWN							ME (First, Mick WHIT'				
IO DE	19a, INFORMANT'S NAME (Type/Print)		1915	. MAILING	ADORESS (Str						Code)	
-	TINA EDDINS						VE, C	CHELTE	7			D 20623
	20a. METHOD OF DISPOSITION 1 T Buriel 2 □ Cremation 3 □ Rame 4 □ Donation 6 □ Other (Specify)	oval from State	cemetery, cres	natory or of	of DISPOSITION Ther place) DLN CEN		1/1	1/96	100	cation — NTWO(		MARYLAND
	21. SIGNATURE OF FUNERAL WAR	ENGLE			22. NAM	E AND ADDE	ESS OF FA					
	06	1/09	S							-		MD 20722
OIN	23. PART i. Enter the diseases, or o shock, or haert feilura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona,	a. Pull OVE TO (OR	AS A CONSEC	CA DUENCE OF	ر ٦:	mode of c	ying, suc	en ss carona	c or respi	ratory an	rost,	Approximate interval Between Onset and Death  2 WKs.
CENTIFICATION	if sny, lasding to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other eignificant condition	Pulm	mar (	y	fo	bri	zis	1	PERFOR	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	DID TOBACCO USE CONTI	KIBUTE TO CAUS			H (Check only		ICERTAI	иП				
0	EXAMINER?  1 YES 2 AO	HOSPITAL:	VOutpatient 3	□ DOA	OTHER:	Nome 5 🗆	Realdence	6 Other (S	Specify)			
1 201	27. MANNER OF OEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJ (Month, Day, )	URY	28b. TIM	URY	INJURY AT WORK?	NOA	28d. DESCF	NO HOW I	NJURY OC	CURED	
200	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF IN building, stc.	JURY — At ho (Specify)	me, farm, s	ntree1, fectory,	offica	. <u>-</u>	281, LOCATI City or	ON (Street l Town, State)	and Nymbe	r or Rural	Route Number,
COMPLEIE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								N. and managed and a			
	29b. SIGNATURE AND TITLE OF CERTIFIE				.,, .,		CENSE NU		d piece, an			(Month, Day, Year)
IO DE	Gerandon	tand	MI	)		D	177	99		<b>&gt;</b>	1/5	195
	GERAPPO M GA	CAP 6				CTH.	AV	RI	UBRI	DELI	5 7	UP 20737
	31. DATE FILED (Month, Day, Year QQC	32 REGISTRAR'S	SIGNATURE	0				-				7.07.5/

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

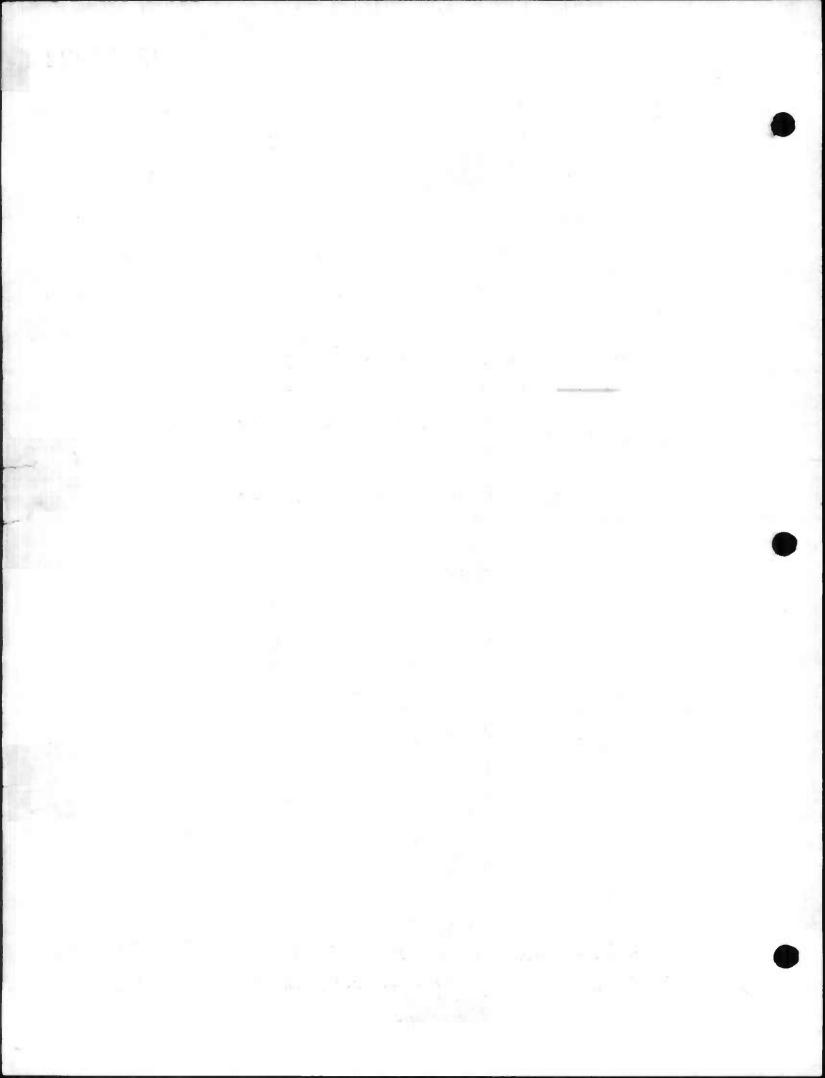
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ed 2 1 3 1

### Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible

State of Maryland / Department of Health and Mental Hygiene 96 02716

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-			5. Social Sacurity Number 6.		last hirthday) If	Undar 1 Yaar	DUL 10	8. Data of Birth	11/1	Distrala	on /State or Familian
L	Funeral Director			□M 2MF 9/		onths Days		8. Data of Birth (Month, Day)	9-04	Country	oa (Stata or Foraign
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	cuted	Examiner	Sequentially list conditions.	b. Due to (	or as e consequand	e of):				1	
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	Registr	ar	FEB 0 5 199	O himbersman	THEFT						



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ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death

PER MEO FILM G-732 2/5/96 t.t 1. Decedent's Nama (First, Middla, Last) **Physician** RULDOLPH RUDOLPH BALL /Medical 4a. Facility Nama (If not Institution, give street and number) **Examiner** 2430 W. BALTIMORE ST. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** XØM 2□ F Months Days 47 216-52-2268 Yrs. Director Usual Residence of Decedent filed within 72 hours after death with the Manyland 10a. Stata 10b. County 10c. City, Town or Location from 23a or 28a-f show BALTIMORE Director n/a

BALTIMORE If Undar 1 Yaar | If Under 24 Hrs. 8. Data of Birth SEPT. 19, 1948 9. Birthplace (State or Foreign Hours MARYLAND

26 Pay

1996

4c. County of Death

2. Data of Death

JAN.

4b. City, Town, or Location of Death

10e. Street and Number

10f. Zip Coda

1 Thes 2 No 10g. Citizen of What Country?

STATES

7:43 PM

10d. Inside City Limits

1318 EDISON 11. Marital Status

Funeral

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Completed

Be

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"natural",

I Hygiene.

i. Pages 1 and 2 should be filed w tment of Health and Mental Hygie tant: If item 27 le marked other ti jury or other traumatic event, m

HIGHWAY

Collega (1-4or 5+)

Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.)

21213

UNITED Race - Amarican Indian, Black, White, etc.

1 Nevar Married 2 Married 3 □ Widowed 4 Divorced

12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☐ XVo If Yes, Give Year or Dates:

1 ☐ Yes 2 ☐ No Specify:

Specify: BLACK

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry various trades

th 12 17. Father's Name (First, Middle, Last)

20a. Method of Disposition

LABORER

18. Mother's Name (First, Middle, Meiden Sumame) MARABLE

STANLEY BALL

19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1318 EDISON HIGHWAY , BALTIMORE, MD 21213

19a. Informant'a Name/Reletionship (Type, Print) PEARLIE

> 20b. Place of Disposition (Name of comatery, crematory or other place) MEMORIAL PARK KING

2/2  $\frac{2-1}{2}$  - 96

PEARLIE

20c. Location - City or Town, Stata RANDALL STOWN, MD

1 □ Buriai 2 □ Cramation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Liceases

22. Nama and Addrass of Facility

WM. C. MARCH FH.-1101 E. NORTH

**Physician** /Medical **Examiner** 

> and bunal-trar

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certificata

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.el Director: After th.
.s by the funeral dir.

To the Hospital o within 24 hours af To the Funerel D completely filled i

Attending Physician:

The law requires that the death certificata be executed

P.O. Box 68760.

of Vital Records,

Division

Physician/Medical Examiner

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Completed

Be

2

Certification:

Medicai

permit. Page Department of Important: If ony Injury or once.

21215-0020

Baltimore, Maryland

NARCOTIC INTOXICATION

Due to (or as a consequence of):

Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line.

Due to (or as e consequance of):

Dua to (or as a consequanca of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Olsease or Injury that initiated events resulting in death) Last

Immediate Cause (Final

diseasa or condition resulting in deeth)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

Approximata Interval Between Onset and Death

25. Was case referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 XYes 2 No

Other: 4 Nursing Home 5 Aasidence 6 Other (Specify)

27. Manner of Deeth 1 Natural 2 Accident

3 ☐ Suicida

29a, Certifier

5 Pending Investigation Could not be determined 28a. Date of Injury (Month, Dey Year) 28b. Tima of FOUND: 1-26-96 FOUND PM

28c. Injury at Work? 1 Yes 2 No

29c. Licanse number

28d. Describe how injury occurred

UNKNOWN

28a. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homleide FOUND: DWELLING

28f. Location (Streat and Number or Rural Route Number, City or Town, State) 2430 W. BALTIMORE ST. BALTIMORE, MD.

1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signature and title of certifiar

header , uch O.C.M.E.

29d. Data signed (Month, Day, Year) JAN. 27, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

HEUDORE MIKE 111 Penn Street, Baltimore, Maryland 21201

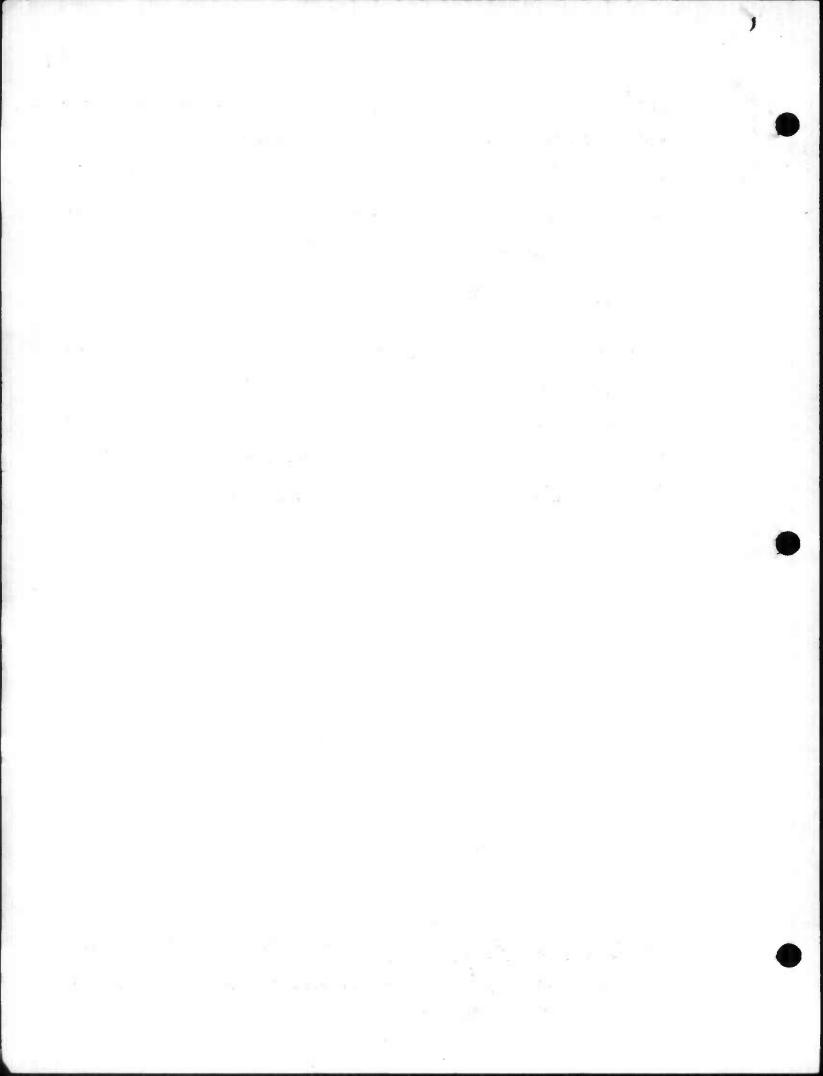
31. Dete filed (Month, Dey, Year) State Registrar

FFR 0 5 1996

32 Registrar's Signature

**DHMH 16 Rev 6/95** 

24a. Was an autopsy performed?



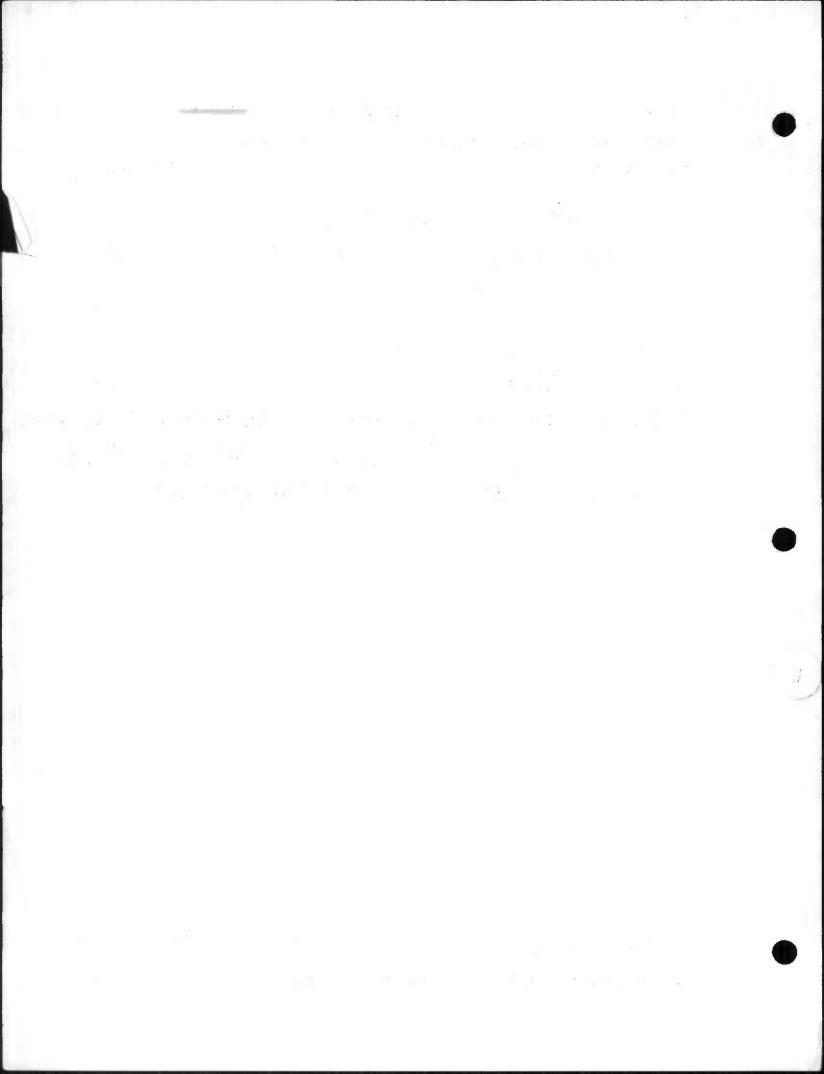
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State of Maryland / Department of Health and Mental Hygiene Q

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/Medi		EMMA		BOSWO		FEBU	RY 01		2:00 P
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3. TIME OF DEATH

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- STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) HOWARD BROWN 2. DATE OF DEATH JANUARY YEAR JANUARY 09TH 1996 .58 JANUARY A . M 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. JANUARY 09TH 1925 Maryland 214-12-8297 1 M 2 | F 75 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RTY MEDICAL BALTIMORE BALTIMORE CENTER RESIDENCE 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Maruland n/a1 X YES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2427 Lakeview Avenue-Apt. 7 21217 use as the burial-transit ed by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify Black BY WWII 3 Widowed 4 Divorced 1942-1945 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) 10th grade Roofer Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 8 To Edna Brown unknown BE notified 19a. INFORMANT'S NAME (Type/Print) (daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2427 Lakeview Avenue-Apt. 7-Baltimore, Maryland 21217 Diana Brown pe 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street , wade, Dir. Morald Rongeld S Made Rm. B026-Baltimore, Maryland 21201-1559 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Betw **Onset and Death** IMMEDIATE CAUSE (Finel the state of disease or condition CARDIOPULMONARY resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): MYOCARDIAC or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST injury, c PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 23 shows any 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item ? HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DDA **EXAMINER?** OTHER: YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, Netural 2 Accident 5 Pending 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 ETED 8 Could not be 4 Homicide determined item 28 CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred st the filme, data and place, and due to the cause(a) and manner as steled. COMPL TO THE HOSPITAL OF THE FUNERAL CORE See filed within 72 him IMPORTANT: If It 2 MEDICAL EXAMINER: On the begin of exam death occured at the time, data and place, and due to the cause(a) and manner as stated. ninstion and/or investigation, in my opin 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

JANUARY 09<sup>TH</sup> 19 29c. LICENSE NUMBER BE D45133 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, NIGEL SOSAN MEDICAL LIBERTY 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

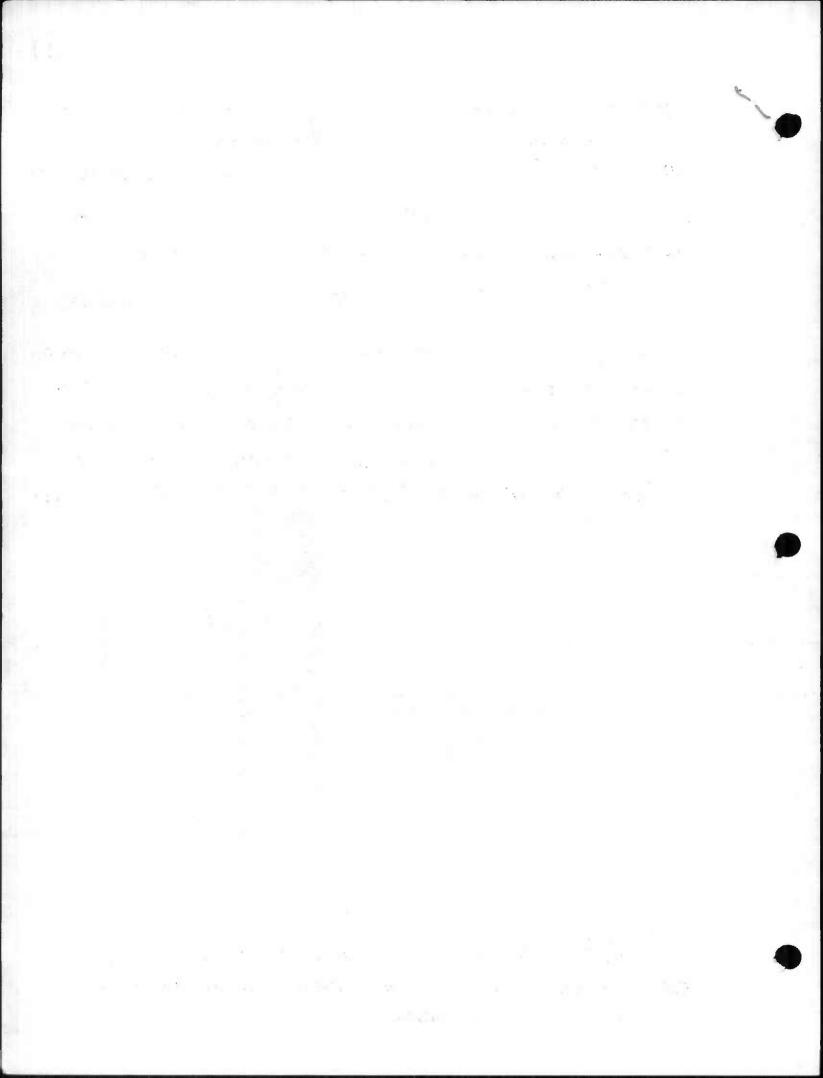
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

entered the second

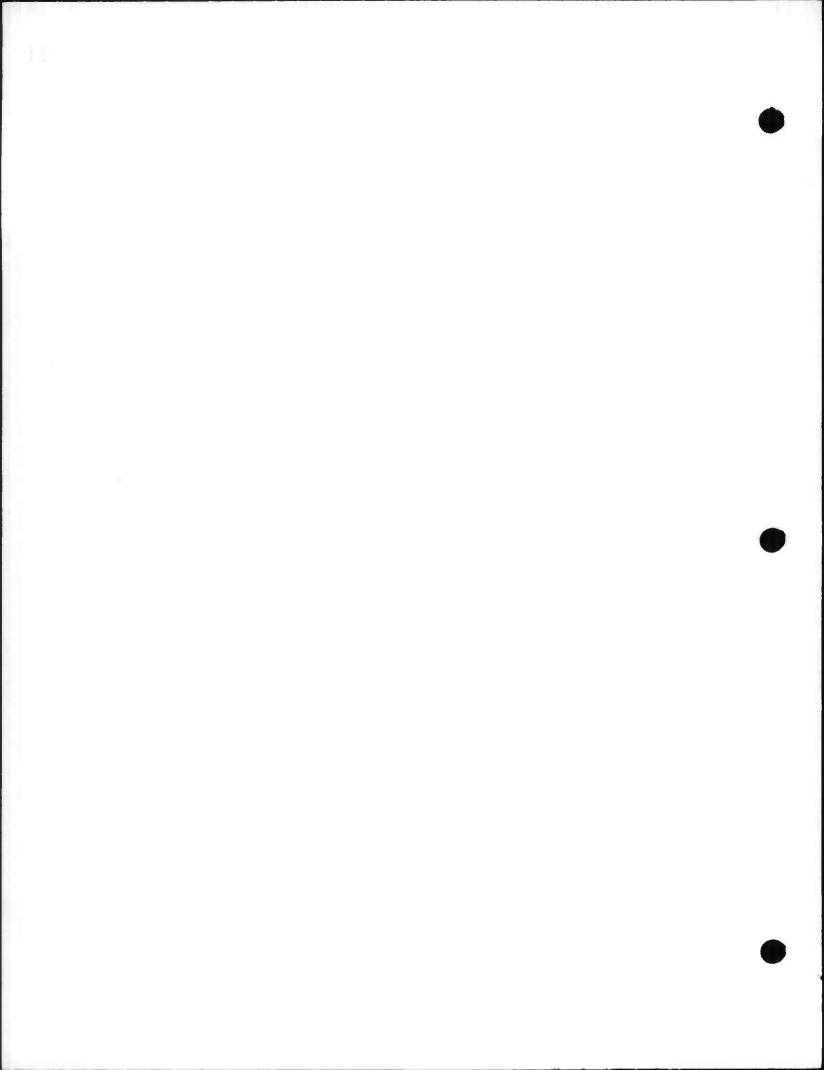
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 02720

						Certifica	ate of	Death	R	eg. No.			
	Observator		1. Decedant's Nama (First, Middla, La						2. Data of Daa Month		Yaar	3. Time of D	Death
1	Physici Medi/			rt Buyer					Februar	43,199		12:42	am
	Examir		4a. Facility Nama (If not institution, giv						Location of Death	4c. County	of Death		
	'		SiAni Hospi		_			Balti					
1	Funeral Director		5. Social Security Number 6. S 2.4 - 18 - 052	7. Age (i	in yrs. last l	Yrs. If Unc	der 1 Year as Days	If Under 24 Hrs Hours Min		Year) 5 1523	9. Birthpia Countr	aca (State or I	Foreign
	pu .		Usual Rasidance of Decedant  10a. Stata 10b. County		On City To	wn or Location					10	1 1 1 11 11	11
	the Marylar 28a-f show notthed at	ctor	manyland	'		itimo	ne				10	DE Yas 2	
	th with 23a or	Funeral Director	10e. Street and Number 2613 FREDER	ICK AU	E	10f. :	Zip Code	123	1	Og. Citizen of V		ry?	
5-0020	or the	þ	11. Marital Status  1 Never Married 2 Married  3 Widowed 4 Divorced	12. Was Decedant Eve Armed Forces? 1  Yes  No If Yas, Giva Yaar or Dates:	ar in U,S.		cedant of P pecify Cub 2 2 No	Hispanic Origin? (S an, Maxican, Puel Specify:	Specify Yas or No- rto Rican, etc.)	Blac	e - America ck, Whita, e	itc.	
5-0	"netural",	Completed	15. Decedent's Ed (Specify only highest gra	fucation	16	a. Decedant's U	sual Occup	pation	orkina	16b. Kind of Bu	usinass/Indu	ustry	
2	jene. r than "	ple	Elementary/Secondary (0-12)	College (1-4or 5+)				during most of wo d)	nking				
2	ygien t th	ပ္ပ	8			MECHY	5016			WEST	ERN	) AU	TO
Pu	tal H d off	To Be	17. Fathar's Nama (First, Middla, Last)						ma (First, Middla,				
yla	should be filed v ind Mental Hygie is marked other ti umatic event, m	10	JOHN C. BEY					MAICT	EKEN	) IV	ICRR	ison	
Maryland	2 2 2 2		19a. Informent's Name/Ralationship (	Type, Print)		-			lural Routa Number				
95	s i and 2 should be filed f Health and Mental Hyg item 27 is marked other other traumstic event,		MARY EILEN JOHNS						61en B				1
ore	Pages 1 end nent of Health mt: If Item 27 ary or other to		20a. Method of Disposition  PS Buriai 2 □ Cramation 3 □	Ramoval from Stata	20b. Place cemei	of Disposition (A lary, crematory o	Vama of or othar pla	ce)	Date	20c. Location -	City or Tow	m, Stata	
E	artmon ortant injury		4 ☐ Donation 5 ☐ Other (Specify	y)	MAR	YLAND N	/ TA	0	76	LAURA	1C, 1	70	
Baltimore	Depart Import any in		21. Signature of Fugeral Service Licen	She la	0	22. Nama	and Addre	ss of Facility	Funeral SW Ele	Hene	oir h	1D 210	61
			23a. Part1. Entar tha disaasa, or som shock, or haart failura. List only	plications that caused the	e death. Do	not enter the m	oda of dyl	ng, such as cardle	ic or respiratory am	est,		Approximate	
V	Physician	6	snock, or naart tallura. Lisronly	ona causa on each lina.								Interval Betwe Onset and De	
2	/Medical		Immediata Cause (Final	Mussant	/	7-1-	lion					60000	
ш	Examiner		disaase or condition resulting in death)	a. Myocarole	10 10 10 00	Lnfarc	TUN				1	rous	
		ne.		b. Heavy	Total	aca (to	15					1000	
	outs Na Tans	Examine	Sequentially list conditions	b. I Carry	a to (or as	CONSEQUENCE O	oft:				- 10	jear	
oʻ	ysician and e burial-tran		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	Hunorten	1 C. 100		.,.					War	
68760	te be	cal	triat initiated evants	c. 11900 100	a to (or as a	consequance o	0.				- 5	jears	
89	and the	led	rasulting in death) Last		- 10 (0. 40 )		.,.						
Box	attendir for use	٤		d					<del></del>				
-	death d for	흥	Part II. Other significant conditions or	ontribution to death but o	of resulting	In the underlying	o cause ob	en in Part i	23h Did to	bacco use co	ntribute to	the cause of	donth?
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	the de	by P	right above th	e-Knu ar	upura	tean, se	vere	·	74.	98 2LINO	3 Probe	ioty 4 0	IIIIII
Division of Vital Records,	v requires that been signed is should be det	Completed b	Kight above the	, osteoari	thrite	5			24a. Was a perior		avai	re autopsy fine liable prior to apletion of cau	0.00
ž	The law ate has page 2:	뮵									of de	eath?	
E	E sign								1 🗆 Y	s 2 8 No	10	Yes 20 N	ю
Z Z	yaician: The lav s certificate has director, page 2	Be	25. Wes casa referred to medical examiner?	Hospital: 1			04		ath (Check only or	e)			
5	the state of the s	2	1 Yes 2 No	Hospitel: inpatiant		Outpatient 3		4 Li Nursing i	Homa 5 ☐ Reside				
E		6	27. Mennar of Death 1 Natural 5 □ Panding	28a. Date of Injury (Month, Day Y	ear) 286	Time of Injury	28c. Inju		28d. Dascribe he	w Injury occur	ed		
Sign	Attending ir death. ector: Alte by the fune	Certification:	2 Accident invastigation 3 Suicida 6 Could not be			М		Yas 2 No					
~	청류등의	팊	4 ☐ Hamicide datarmined	28a. Piace of injury building, etc. (3	- At homa, Specify)	farm, street, fact	ory, office		28f. Location (Si City or Town		er or Rural	Houte Numbe	ər,
_	ospital or hours afte uneral Dir ily filled in		20 0 17										
	fro the Hospital eithin 24 hours a To the Funeral completely filled	edical	29e. Cartiflar (Check only one)  Madicat Exam	ysician: To the best of m niner: On the basis of ax	amination a	je, daath occurre ind/or Invastigeti	ed at tha tir on, in my o	ne, date and place pinion, daath occ	e, and dua to tha c urred at tha tima, d	ausa(s) and me ata and place,	nner as sta and due to !	ited. the cause(s)	
	o the futhin 2 or the comple	Med	29b. Signature and titla of certifier	and mannar stated	1.		29c. Licens						
	0000		and title of certifier							9d. Date signe			
×	-/3		MUX	~		A	1524	2321 H	P9940 F	ebruan	1 3,1	996	
	5		30. Nama and addrass of person who	emplated cause of deat	h (itam 23a	(Type, Print)	0	-and Ch	p9940 F	44 -	1		
	/		Heren Howell	240/		wedere	J7.	ret D	attmore	mary	land	-	
	Sta Registr	te ar	31. Data filed (Month, Day, Year)	32. Registrar's	Signatura	1.11							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If from 28 is marked for item 23 shows any injury or other traumatic event the medical aversions must be availabled as and
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	1 - FOR STATE REGISTRAR	STATE OF N				HEALTH AND	MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			TIME OF DEATH
	ALBERT W. BORKO						JANU	ARY 29	, 199	6	11:30 P M
	216 03 3983	5. SEX 1  M 2  F	6. AGE (in yrs. ii	est birthday) YRS,	MONTHS DAY	'S HOURS MIN.	OCT.	Day, Year)	.915	Country)	ACE (State or Foreign YLAND
OR	9a. FACILITY NAME (If not institution, give  Veteran Admin	Charles Brown Charles	Cer Medica	iter	Pt. H	n or Location of I	DEATH			of DEA	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ТҮ		10c. CITY	, TOWN OR LO	CATION				140	d. INSIDE CITY
	Maryland N/.	A		Ba	1timor					,	LIMITS?  YES 2 NO
FUNERAL	3812 Penningto	n Attonijo				10f. ZIP CODE 21226					AT COUNTRY?
l s	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECENDENT OF HISP	NIC ORIGIN	(Specify Yea		S.A.	American Indian,
BY FI	1 Never Married 2 Married		YES 2		If yes	, specify Cuban, Mexic YES 2  NO Spec	en, Puerlo R		W 110-5	Black, V	/hita, etc.
	3 Widowed 4 Divorced	World W			1					ороску.	White
E	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)		Give kind of w	USUAL OCCUP	ATION most of working	18b.	KIND OF BUS	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) 10th	College (1-4 or 5 +	)	ecuri	ty Gua	rd		Securi	ity		
111	17. FATHER'S NAME (First, Middle, Lest)	Andrew Bo	rkoski			18. MOTHER'S N		t Kali		ci	
	19a. INFORMANT'S NAME (Type/Print) Amelia Borkosk	i	1	96. MAILING 3812 F	enning	ton Avenu					and 21226
8	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Reg	novel door Co.			F DISPOSITION		DATE	20c. LO	CATION — CI	ty or Town,	State
Ē	4 U Donation 5 M Other (Specify)	nromoment	Ceda	r Hill	1 Ceme		2/2	Ba1	Ltimor	e, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LI		wis		Geor	ge J. Gor	nce Fu				
	23. PART I. Enter the diseases, or	0 ,0 0				Ritchie					21225
n, the medical	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceu	se on each lin	16.		mode of dying, su	ch aa cardi	ac or reapli	ratory arre:	nt,	Approximata Interval Between Onset and Daath
Z			ATION P		*						12 DAYS
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSE	EOUENCE OF	):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	EQUENCE OF	):						
5   -	PART II. Other classificant and dis-	0								_	
MEDICAL	PARKINSON'S DIS		death but not	reaulting in	the underly	/ing cause given is		24a. WAS AN / PERFORI 1 YES 2	MED?	AM	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
W	DID TOBACCO USE CONT	DIRLITE TO CAL	ISE OF DE	ATLI VE		EV LINICEDTA				1 (	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	I KIBUTE TO CA			H (Check only o		иП				
SIC	EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER:	Iome 5 Residence	6 Other	(Specific)			
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, De	INJURY	28b. TIME	OF 28c.	INJURY AT WORK?	_	CRIBE HOW IN	JURY OCCU	RED	
8	1 Accident 5 Pending Investigation				M 1 [	YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	FINJURY — At h inc. (Specify)	ome, ferm, st	reet, factory, o	ffice	28f. LOCA City of	TION (Street air Town, State)	nd Number or	Runal Rout	Number,
			mu banasala dan a	eath occurred							
₽ M	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYS			. Image at lauration	. In my contact	and the second second second second					
COMPLETED	(Check only X CEHTIFYING PHYS	ER: On the beals of ax		Investigation	, in my opinio			ind place, and			
R	(Check only 1 X CENTIFYIND PHYS ONE) 2 MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the beals of ax	amination and/or			29c. LICENSE NU		and place, and	29d. DATE S		orth, Day, Year) 2-911996
	(Check only one)  2 MEDICAL EXAMINI	ER: On the beals of ax	emination and/or	EM 27) (Type,	Print)	29c. LICENSE NU D45	48		DATE S	BIGNED (MO	29,11996
R	(Check only 1 X CERTIFYIND PHYS ONE) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	HO COMPLETED AUS M.D., 9	emination and/or	EM 27) (Type, I	Print)	29c. LICENSE NU D45	48		DATE S	BIGNED (MO	29,11996



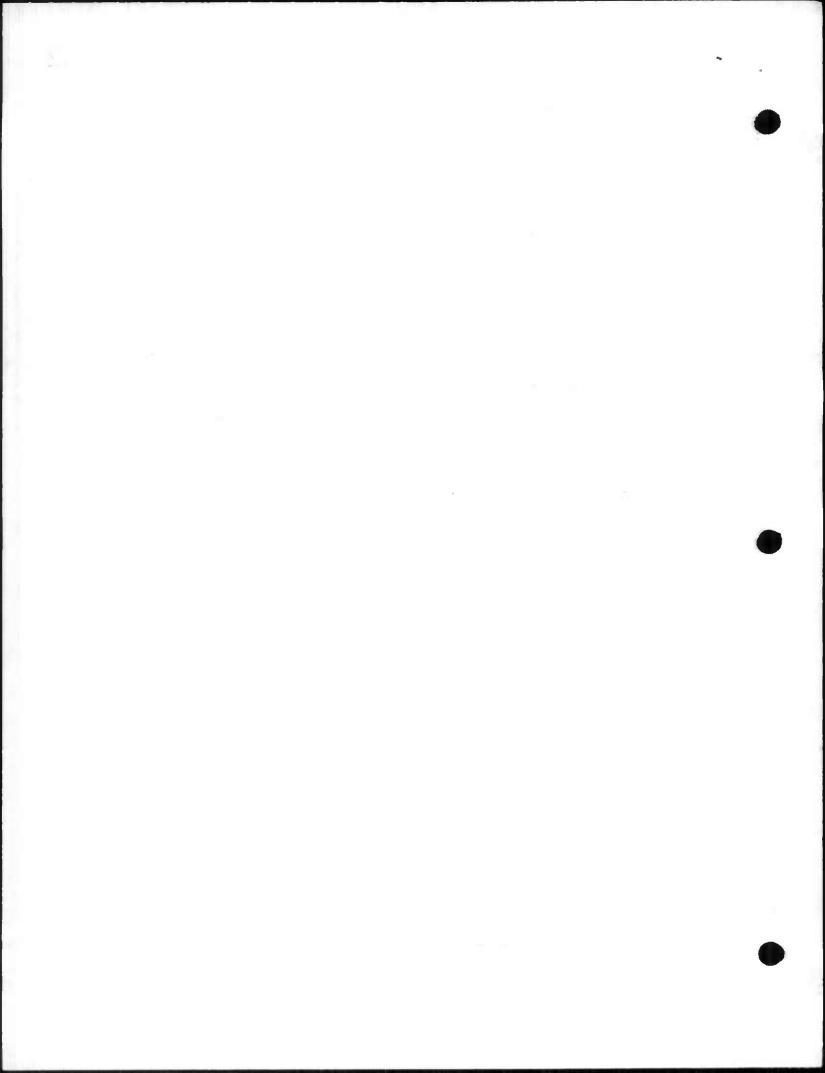
DALLIMORE, MANI LAND 21213-0020	A hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	ne medical examiner must be notified at once.	
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	THE GROWTH OF THE STATE OF THE		OL	NIII	CATE	PEAIN		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	RIE	G.	BAF	2401	Υ	2. DATE O MONTH		30	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX (	B. AGE (in yrs. les	t birthday)	IF UNDER 1 YEA		7. DATE OF			8. BIRTI	IPLACE (State or Foreign
	125-05-7306	1 □ M 2 🔀 F	75	YRS.	MONTHS DAY	B HOURS MIN.	Febru	ary 24	. 1920	Count	inois
~	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN OR LOCATION OF DEATH						NTY OF D	
DIRECTOR	Howard County Genera	l Hospital		Columbia					How	vard	
EG	10a. STATE 10b. COUNTY	·		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY		
H	Maryland How	ard			Columbia						LIMITS?
	10e. STREET AND NUMBER				COLUMBIA	10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	5647-303 Columbia R	oad				21044			11	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS (	ECENDENT OF HISP	ANIC ORIGIN?	Specify Yes			— American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAI	OR DATES	Ю		specify Cuban, Maxi ES 2 X NO Spec		an, etc.)		Speci	lly:
	15. DECEDENT'S EDUC	TATION!	WII								White
E	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G/	ve kind of w Do NOT us	USUAL OCCUP: ork done during a retired.)	most of working	16b. K	IND OF BUS	SINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		Mana	ıger			Exxon (	Thorni o	0.1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N				ат	
BE C	Clifton Lawrence Ba	arnum				Gertrude					- 100
TO B	19e. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Stre	and Number or Rura			n, State, Zip	Code)	
	Elizabeth Flanagan	(Sister)	1	705 E	atton W	ood Avenue	Toms Ri	ver, N	Vew Je	rsey	08755
	20a. METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗆 Remai	oval from State	20b. PLACE A	ND DATE O	F DISPOSITION	(Name of	DATE		CATION -		wn, State
- 1	4 □ Donation 5 □ Other (Specify)  21. BIGNATURE OF FUNERAL SERVICE LIC	EWSEE	Forest	Park		Feb. 5		Hous	ston,	Texas	
		)~	1			M. & Russ		litzke	Finer	al Ha	moc
	Dussell		NO.		1630	Edmondson .	Avenue	Catons	ville	. Mar	yland 21228
ı	23. PART I. Enter the diseases, or of ahock, or heart failure.	omplications that t	coused the dea	ath. Do n	ot enter the	mode of dying, au	ch as cardia	c or reapi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	E 0.0	0117	00 0							Onset and Death
1	resulting in deeth)	MS	B 46 4 00H0E0	HITTHE OF							
_		A-50	1 RATI	DN	PNE	MONI	$\mathcal{N}$				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	AS A CONSEO	UENCE OF	):	11/010	7				1
S	cause. Enter UNDERLYING CAUSE (Disease or injury	L									
E	that initiated eventa resulting in deeth) LAST	DUE TO (O	R AS A CONSEO	UENCE OF	):						
<b>5</b>	Tooling in death) Exist	l									
	PART II. Other aignificant condition	contributing to de	eath but not re	sulting in	n the underly	ing cause given i	n Part I. 2	ta. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	CITRONIC C	BSTRUC	111/8	BULL	とってひ	RY DIS	EASE.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME					,			/	9		OF DEATH?
	DID TOBACCO USE CONTR	RIBUTE TO CAU	SE OF DEAT	TH YE	S NO	UNCERTA	IN 🗆				70
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACI	E OF DEAT	H (Check only or OTHER:	ne)					
ı∡ N	1 TYES 2 NO	1. Inpetient 2 □ E			4 - Nursing H	ome 5 - Residence	6 Other (	Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU	JRY	NJURY AT WORK?	28d. DEŞCE	HBE HOW I	NJURY OC	CURED	
B	2 Accident Investigation	28e. PLACE OF I	NJURY — At hor	ne form et		YES 2 NO	201 1 0017	ON (Day of a			
	4 Homicide 6 Could not be	building, etc	(Specify)		reet, factory, or	ricu	City or	Town, State)	na Number	or nurei n	oute Number,
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	knowledge des	th occurre	d at the time at	to and place and d					
Š											and menner as stated.
ŭ U	296. SIGNATURE AND TITLE OF CERDIFIER		1 0 0 A	/10 1/	3	29c. LICENSE NO					
10 B	Jak 1011	un	WVI	VIL		D29°	709				RY3U, R96
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	9 50	() L)	Print	APULLS	RO	ELL	Col	1019	721047
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		3						16-
	FFR 0 5 1996										



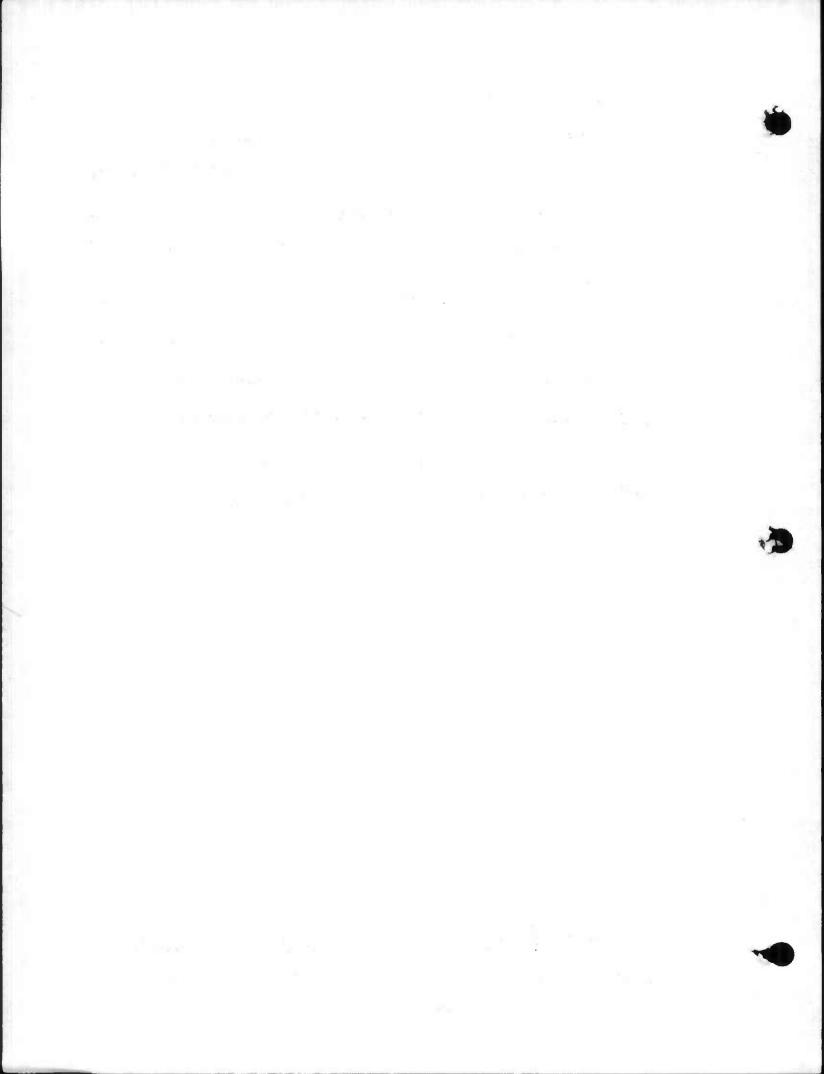
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State of Maryland / Department of Health and Mental Hygiene 96 02723

						Ce	ertificate	e of	Death			Reg. N	lo.	0	0 4 1	20
Physicia: /Medica		Decedent's Nama (First, Mic BERN		,	BANKS						2. Date of De	ath		Year		of Death
Examine		4a. Facility Nama (If not institu- 1307 Riggs Av	ion, giv	a street and nu	mber)				BALT	ГІМО		Y		of Death		
Funeral Director		5. Social Security Number 212-26-3790	6. S	Sax I⊋M 2□ F	7. Age (In yrs 64	. last birthday Yrs.	Months	1 Yaar Deys		4 Hrs. Min.	8. Data of Birt (Mphity, Da	h V, Yea	1/931	9. Birthp Coun MARY	lace (Stete try) LAND	or Foreig
pug *_		Usuel Residence of Decedant 10a. State 10b. Cour	tv		10c C	ity, Town or L	ocation							1	0d. Insida	City Limit
death with the Maryland ms 23a or 28a-f show Linust be notified at	ector	MD	n/	'a			LTIMOF								XXDY	es 2 N
23a or 2	rai Dir	1307 RIGGS	AV	ENUE			10f. Zip	Code	21217			10g. C	JNITE	D S	TATES	
urs after al', or its tramine	by Funeral Director	11. Marital Status  1 Never Married 2 M  3 Widowed 4 Divorce		12. Was Dece Armed Fo YIV Yes If Yes, Giv Yaar or D	edant Evar in I rces? 2 No ra ates: 4/53		Was Deced If Yas, spec	ity Cul	oan, Maxicen,	in? (Spe Puarto I	ocify Yas or No Rican, atc.)			k, Whita,	ean Indian, atc. LACK	
netural rdical Ex	ted	15. Deced (Specify only high	ant's Ed	ducation		16a. Dece	edent's Usua	Occu	pation during most	of work h		16b.	Kind of Bu	siness/Inc	duatry	
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uld be file Aental Hy rked oth tic event	To Be	17. Father's Name (First, Middle THORNTON		ANKS					18. Mother		(First, Middle, UDE E	Maide EL		(8)		
and 2 sho eith and A 27 is mei er traums		19a. Informant's Neme/Relation	nship (			19b. Mali 1307					TIMORE,			Stete, Zip	Code)	
permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic event, the Manay Injury or other traumatic events and the Manay Injury or other trauma		20e. Method of Disposition  1 🖾 Suriai 2 🗆 Crematio  4 🗆 Donation 5 🗀 Other			Stete	Place of Disp cemetery, cre SARR ISO	emetory or of	thar pla		EML 2	Date -6-96		Location -		S, MD	
pemit. Departm Importa any inju		21. Signature of Funeral Service			Kong	2	22. Name and	d Addr	ass of Facility							
	$\dashv$	23a. Part1. Enter the disease, shock, or haart feilure. L		A							1101 E.		rth A	Ave.	Approxim	
Physician /Medical Examiner		immediate Cause (Final disaasa or condition resulting in death)				(and									Onset and	pars
an and rial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	ſ	b. B-	Q I N Due to (	or aa a conse	1	<u> </u>					·		1)	100
requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the burlal-transit and by Dhysician Madding Executed	Med	Cause (Disease or Injury that initiated events resulting in death) Last	J	d	Due to (	or aa a consec	quence of):							-		
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es that the cigned by the be detached	Physician	Part II. Other significant condi	HORS C	ontributing to de	ath but not re	suiting in the (	underlying ce	eusa g	ven in Part I.				2 No	3 Prot	the cause bably 4	● of death
> 10 00 14	Completed by	,									24a. Was perfo	an aut	opsy	avi	are autops allable prio mpletion of death?	rto
page (	0										וסר	es )	No	10	Yas 2	No
ysician: s certific director,	9	25. Was case referred to medic examiner? 1 ☐ Yas 2	ai	Hospitai: 1 □ t	npatlent 🏖	ER Outpatie	int 3□ DO	A Ot	han		(Check only one 5 Resid		6 □Othe	er (Specifi	v)	
Interding Physical displaying Physical Physical Control of the funeral displaying Traffication T		27. Menner of Death  1. Natural 5 Pend 2 Accident Invest	ling tigation		n injury h, Dey Year)	28b. Time of injury	of 28	Bc. inju Wo		2	28d. Describe h					
d d in	Certific	3 Sulcide 6 Coui 4 Homicide dete	d not be	266. Place	of Injury - At h	nome, farm, st	treat, factory,	, office		2	28f. Location (5 City or Tox	Street ( m, Ste	and Numb ote)	er or Rura	l Routa Nu	ım <i>ber</i> ,
vithin 24 hour vithin 25 hour room for the Funer completely fill		29a. Certifier (Check only one) Certify	ing Phy I Exam	yelcian: To the niner: On the ba end mann	sis of examina	owledge, deet ation and/or in	th occurred anvestigation,	in my	ime, data and opinion, death	place, a occurre	and dua to the e	date a	(a) and ma nd place, s	nner as st and due to	ated. the cause	ı(s)
within 2 To the comple		29b. Signature and title of certif	ier 1	0.			29c.	Licen	sa number			29d. D	ata signed	(Month,	Day, Year)	
*		30 Name and address of	/fr	ih M.	)	m 22c) /T		07	7776				12/9	96		
		30. Name and address of person	MI	A	of death (ite	m 23a) (Type,	(	17	Bal	1tin	10-7	Ma	1	2/	201	
State	•	31. Date filed (Month, Day, Yea	7)	32.	ar land	rure .										

DHMH 16 Rev 6/95

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## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2724 State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** JANUARY 30, DESEAN 1996 11:52 /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number 6 Ser 9. Birthpiace (State or Foreign **Funeral** XXM 2 F 215-37-5124 MARYLAND Director Usue! Residence of Decedent the Marylend 10e Stete 10h Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or frems 23a or 28a-f show trsumstic event, the Medical Exercises must be notified as XXYes 2 No BALTIMORE Director 10f. Zlp Code 2 10g. Citizen of What Country?
UNITED STATES 10e. Street and Number filed within 72 hours efter death with Hygiene. STREET BIDDLE 322 E. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐(Yo) If Yes, Give Year or Dates: 11 Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Rece - American Indian, Biack, White, etc. 1 Never Married 2 Married Specify: BLACK 1 ☐ Yes XX No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Peges 1 end 2 should be filled within 7. Department of Heelth and Mental Hyglene. Important: If New 27 is marked other than "na any injury or other traumatic event, in a Minda page. (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) BABY n/a none 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be MARTIN CRYSTAL ADAM BAILEY 2 19a. Informent'e Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2207 E. NORTH AVENUE, BALTIMORE, MD 21213 CRYSTAL MARTIN 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete
4 ☐ Donation 5 ☐ Other (Specify) 2-3-96 PARK RANDALLSTOWN, MD KING MEMOR I AL 21. Signature of Funerei Service Licensee 22. Neme and Address of Fecility Karen WM. C. MARCH FH.-1101 E. NORTH 23a. Part1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Screre 15 hours Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or as a consequence of) physician sthe burial Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2. 2 Probably 4 Unknown hypoxic brain injury þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peed: 1 ☐ Yes 2 BNo certificata 1 ☐ Yes 2 1 No Physician: Be 25. Wes cese referred to medical 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No Affer this 27. Manner of Deeth 28b. Time of Injury Certification: 28a. Date of injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural Jan. 30,1996 0759 AM house 1 Yes 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number City or Town, State) 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homloide 322 E. Biddle home 29e. Certifier 🖳 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the cause(s) and menner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or Investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. To the within To the 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D 45870 January 31, 1996 Peter Radey M.D 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) Peter Radeu. Picu, Department of Anesthesia. Johns Hopkins Hospital FEB 05 1996 State Registrar

i.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfled at once.

	FOR STATE			STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
IFW2:	4. 6	18.	PER	INFORMANT FILM G-733 3/16/96 t.t	

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.			
	t. DECEDENT'S NAME (First, Middle, Las	e)				2. DATE OF DEATN		3. TIME OF DEATH		
	Catherine E. Cla	urte				January 1	8, 1998	10:56 a. M		
3	4. SOCIAL SECURITY NUMBER 36 216-39-9647	5. SEX 6. A		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  Jan. 6, 1	906 Mar	THPLACE (State or Foreign		
	9e. FACILITY NAME (If not institution, giv	a street end number)	9	b. CITY, TOWN (	OR LOCATION OF D		9c, COUNTY OF			
DIRECTOR	Asbury Methodisa			Gaithe	rsburg			itgomery		
Ĕ	10a. STATE 10b. COU	(TY	10c. CITY, 1	TOWN OR LOCAT	TION			10d. INSIDE CITY		
	Maryland Mona	tgomery	Gaith	ersburg	,		- 170	t TYES 2 X NO		
FUNERAL	301 Russell Aver	ше		101	20877		U.S.A	what country?		
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 V NO	Il yes, sp		NIC ORIGIN? (Specify Yan, Puerto Rican, etc.) y:	Bla	CE — American Indian, ok, White, etc. ochy: White		
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed)  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo		16b. KIND OF B	USINESS/INDUSTRY			
릴	12th grade	0	Receptio	nist		Dental	Office			
ố	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Meide	n Sumeme)			
BEC	Joseph F. White					a Dwyer A		TH DWYER		
۹	william F. Clark	(son)	4132 Re	inhart.	Road-We	Route Number, City or To Stminster,	wn, Stete, Zip Code) , Mary Lan	d 21158		
	20a. METHOD OF DISPOSITION t		20b. PLACE AND DATE OF cametery, crematory or other		me of	DATE 20c. L	OCATION — City or	Town, State		
	21. SIONATURE OF FUNERAL SERVICE	conald S. Wa	de, Dir.	22. NAME AN State	natomy	Board-65!	5 W. Balt	imore Street		
_	isnald	A. Was	u			nore, Mary		201-1559		
	23. PART I. Enter the disease, o ehock, or heert feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. C A PC  DUE TO (OR /	n each line.					Approximate interval Between Onset and Death		
	resulting in death)	DUE TO COR I				111219	D (13/9	111111111111111111111111111111111111111		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE OF):  VEINT  AS A CONSEQUENCE OF):	rm	be pho	abitis		days (?)		
ERI	resulting in death) LAST	d								
	PART II. Other eignificant conditi	ons contributing to deet	th but not resulting in	the underlying	g cause given in			b. WERE AUTOPSY FINDINGS		
EDICAL						1 YES	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
PHYSICIAN: ME	DID TOBACCO USE	CONTRIBUTE TO	O CAUSE OF	DEATH Y	ES NO			1 YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
2	1 VES 2 NO	1 Inpetient 2 I ER/		Nursing Nom	e 5 🗆 Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye		Y WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURED			
COMPLETED B	3 Suicide 6 Could not b	26e PLACE OF INJ	URY — Al home, lerm, atre Specify)	et, factory, offic	•	261. LOCATION (Stree City or Town, State	t end Number or Rura n)	l Route Number,		
۳ ا	290. CERTIFIER LECERTIFYING PN	YSICIAN: To the best of my k	nowledge death accuracy	at the time date	and alone and due	The state of the s				
S S		NER: On the basis of examin						(e) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIF	IER /			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)		
BE	Wait (1.	Van m	9		027911	/	> Janus	ry 19 1996		
2	30. NAME AND ADDRESS OF PERSON	1-00	DEATH (ITEM 27) (Type, Pr	int)	a. a. ta	01	Rathand	ry 19,1996		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S	YGNATURE DE	<u> 10</u> 0	corre 104	M 14.	Deinesa	9 100		
	FEB 0 5 199	Jahr dave	uar Partielly							

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permit.

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BALLIMORE, MAR	TO THE HIGPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be flied within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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200	d within	to THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to bunfal, cremation, or centeral.	event,
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96 02726 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 91 RITA RAPHAEL CARTER ANUARY 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗆 M 2 📈 213-32-8406 HOURS 59 NOV. .1936 NEW YORK 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FALLSTON. MD DIRECTOR FALLSTON GENERAL HOSPITAL BELAIR RESIDENCE OF DECEDENT 10a. STATE 10h, COUNTY HARFORD CO. 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **EDGEWOOD** FALLSTON 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1647 CANDLEWOOD COURT 21040 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs FORCES? 1 YES 2 NO 1 Never Married 2 WMarried BY Specify Specify BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED vears LABORER- various 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surnan BE ELLIS **JOHNSON EDNA** BURGESS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 LITA CARTER **EDGEWATER** DRIVE, APT.A 20s/ WETHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State VOSHELL MEMOR I AL 4 ☐ Donation 5 ☐ Other (Specify) \_ GARDENS -5 DUNDALK. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Karen WM. C. MARCH FH.-1101 AVENUE 23. PART I. Enter the diseases, or complications that cause the deeth. Do not snter this mode of dying, such sa cerdiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Approximats IMMEDIATE CAUSE (Final Onset and Death ULTI-ORGAN SYSTEM FAILURE SYNDROME
DUE TO (OR AS A CONSEQUENCE OF): disease or condition\_\_\_\_\_\_resulting in death) ONE WEEK EPTIC SHOCK
DUE TO (OR AS A CONSEQUENCE OF ONE WEEK CERTIFICATION Sequentisliy list conditions, if any, isading to immediate ND - STAGE RENAL FAILURE
DUE TO (OR AS A CONSCOUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or Injury months that initiated events resulting in desth) LAST 1 days ULMONARY EDEMA PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY RESPIRATORY FAILURE, NON-INSULIN 1 TES 2 NO OF DEATH? DIABETES, DEPENDENT CORONARY ARTERY DISCASE 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH

26e. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Acciden 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29a. CERTIFIER CERTIFYING PHYSICIAN: To the b death occurred at the time, data end place, and due to the cause(e) and menner as stated.

	and the second of the second of	and arrestigation, at my opinion, t	restri occured at the time, date and p	vace, end due to the cause(e) end manner as stated
b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUMBER	204 PATE CIONED (Month Day March

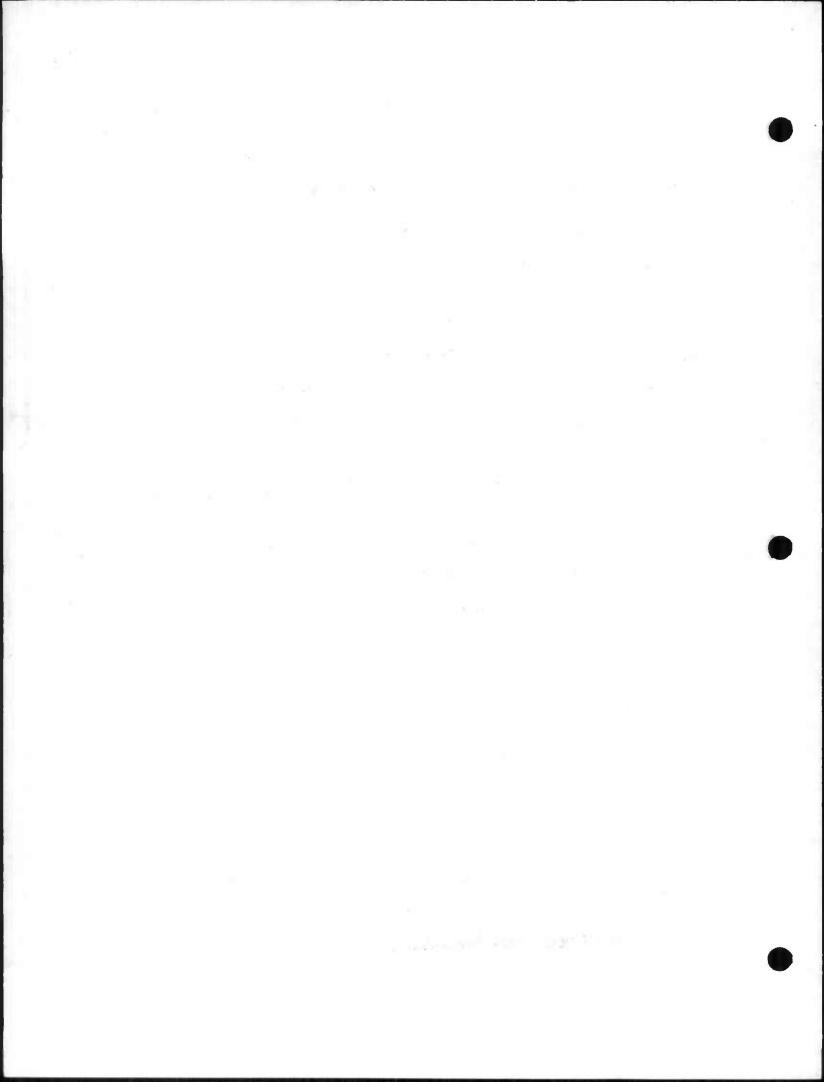
Jun M.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALBERT SUN, M.D. -5-C, 1800 HARFORD ROAD. 2104

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Mont 5 1996

ITEMDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certifit be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

	1 - FOR STATE OF MARYLAND / CI		MENT OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) ERCOLE THOMAS				2. DATE OF OEATH J	-	3. TIME OF DEATH			
	Erede Thomas Dilaura	-			Jan 2	4 96	0215 A "			
8	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. let		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bit	RTHPLACE (Stete or Foreign			
	121-07-6939 1 ▼ M 2 □ F 83	YRS.	MONTHS DAYS	HOURS MIN.	NOV. 29,	1912 Nei	v York			
_	9e. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH			
2	St. Agnes Hospital		Balit	more		n/a				
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY			
5	Maryland Baltimore	Ca	tonsvil	le			LIMITS?			
AL	10e. STREET AND NUMBER		10	1. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
<u> </u>	707 Maiden Choice Lane-9G12			21228		u.s.	Α.			
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced  12. WAS OCCEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	If yes, s		ANIC ORIGIN? (Specify Yearn, Puerto Ricen, stc.)	8	ACE — American Indian, lack, White, etc. pocify: White			
	15. DECEDENT'S EQUCATION 16a. Of (Specify only highest grade completed) (G	ECEDENT'S L	JSUAL OCCUPAT	ON ost of working		SINESS/INOUSTR				
	Elementary/Secondery (0-12) College (1-4 or 5+)		ork done during m retired.)		U.S. Aru	400	5 06			
COMPLETED	12th grade 4 years Civ	il Eng	gineer		Enginee					
	Pasquale A. Dilaura				IAME (First, Middle, Malden .et Dilaura	Surneme)				
BE		b. MAILING	ADDRESS (Street		I Route Number, City or Tow	en State Zio Code				
임							pland 21074			
	20a. METHOD OF DISPOSITION 20b. PLACE	ANDDATEO	F DISPOSITION (			CATION - City o				
	4 X Donetion 5 Other (Specify)	ematory or oth								
1 8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE S. Wade, Dir.		State	NO ACCRESS OF I	Roard-655	w. Bal	timore Street			
	Branald of Hade				imore, Mari					
	23. PART I. Enter the diseases, or complications that caused the dishock, or heart fellure. List only one cause on each line		ol enlar the m	ode of dying, su	ich as cardiac or reap	iratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSE	AR	TERY	0,5	EASE		Onset and Death			
_	OUE TO (OR AS A CONSEQUENCE OF):  HYPSRTENSION									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):									
3	CAUSE (Disease or injury	sersi's								
1	that initieted events resulting in death) LAST	OUENCE OF	):							
5	d									
¥	PART II. Other significent conditions contributing to death but not	resulting li	the underlyl	ng ceuse given i	n Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO			
					1 TYES		COMPLETION OF CAUSE OF DEATH?			
MEDIC							t TYES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE				INZ		<u> </u>			
2	EXAMINER? / HOSPITAL:		H (Check only one OTHER:							
ΤΥS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 2. MANNER OF DEATH 280. DATE OF INJURY	3 L DOA		JURY AT	8 Other (Specify) 28d. OE\$CRIBE HOW	IN HIEV OCCUPE				
	1 Natural 5 Pending (Month, Day, Year)	INJU	JRY W	ORK? YES 2 NO	Zea. Octombe non	WOON! OCCURE				
В В	Accident investigation 28e. PLACE OF INJURY — At h	ome, farm, st	treet, tectory, off	ce	281. LOCATION (Street	end Number or Ru	ral Route Number,			
COMPLETED	4 Momicide  8 Could not be determined  building, etc. (Specify)  City or Town, State)									
PE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	eath occurre	d at the time, da	e end place, end d	ue to the cause(e) end ma	nner ee stated.				
NO.	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated.									
BE C	29h. SIGNAMUSE AND TIME OF CONTINES			29c. LICENSE N	UMBER	29d. DATE SIG	NED (Month, Day, Year)			
10 B	MEDICAL,	RESIL	DENI	POF	531	DAM	,24,96			
	BL BARAKAT HABIB 900	EM 27) (Type, CATO1	VAC.	BALTIM	PRE, M	DZI	1229			
	31. DATE FILEO (Month, Day, Year) . 32. REGISTRAR'S SIGNATURE FEB 0 5 1996	Cardall								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 5 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death nd Yaar 1996 Month Day Physician DONNELLY 2.14 PM FEBRUARY 2 JOHN WILLIAM /Medical 4a. Facility Nama (If not institution, give street and number) 3001,50 UTH HARBOR HOSPITAL CENTERH AND VER STREET 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORF 8. Date of Birth (Month, Day, Year) If Under 1 Yeer if Under 24 Hrs.

Months Days Hours Min. 9. Birthplace (State or Foreign Country)

MARYLAND 5. Social Security Number 6. 6ex 10-M 2□ F 7. Aga (In yrs. iast birthday) **Funeral** 213-05-5070 **Director** Usuai Rasidance of Decedant 10a Slata 10b. County 10c. City, Town or Location 10d. Insida City Limits ir than "natural", or items 23a or 28a-f shov the Medical Examiner must be notified at MARYCAND Baltimore Yes 2 No 301+imere Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 104 USA CHURCH 21225 2 should be filed within 72 hours after death is end Mental Hygiene.
Is marked other than "natural; or items 23. 12. Was Decedent Evar in U,S. Armed Forces? 1 Yes 2 No If Yas, Giva 14. Race - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 Nevar Married 2 Married 1 Yas 2 No Specify: WHITE þ 38Widowed 4 □ Divorced 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Coilaga (1-4or 5+) FED GOVERNMEN SUPERVISOR 12 17. Falhar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John E. Donn Elle SODHIE B. NENGE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 sh Department of Health end Important: If Item 27 Is m any Injury or other traum once. NAHNIBIDA 506 Second Ave Sw Glen Burnic MO 21061 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from State Brecklyn 4 □ Donation 5 □ Othar (Specify) Cress 170/L 22. Nama and Addrass of Facility
Reymond C. Fink Functed 21. Signatura of Funeral Service Linerase 424 Casin Hwy SW Glen Burnie MD 2166 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death **Physician** /Medical Immediata Causa (Finai disease or condition resulting in daath) VASCULAR OCCLUSION OF ABDOMINAL ADRTA Examiner Examiner CHRONIC ATRIAL FIBRILLATION 4 YEARG ettending physician and for use as the bunal-transit Dua to (or as a consequanca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Physician/Medical thal initiated evants resulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown CHRONIL OBSTRUCTIVE ģ DISEASE PULMONARY 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of causa of death? Completed 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case refarred to medical 28. Place of Death (Check only ona) axaminar? 1 ☐ Yas 2 ☑ No Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manper of Death 28b. Tima of 28d. Dascribe how Injury occurred 28a. Dala of Injury (Month, Day Yaar) 28c. Injury at Work? 1 Natural 5 Panding invastigation 1 ☐ Yes 2 ☐ No after death Director: 2 Accident 6 Could not be datarmined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homlcida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated. 29a. Certiflar Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. RESIDENT 29d. Date signed (Month, Day, Year) 29b. Signatura and litia of certifiar 29c. License number Ilsha Sitai ASS2441614-25 FEBRUARY 2001996 INTELNATIONE 30. Nama and address of person who completed causa of daath (Itam 23a) (Type, Print) 30DI, SOUTH HAND VER STREET! MD VSHA SRIHARI VEMULAKONDA HARBOR HOSPITAL LENTER, BALTIMORE 21225

State Registrar

31. Data filad (Month, Day, Yaar)

32. Registrar's Signatura This Broker land the

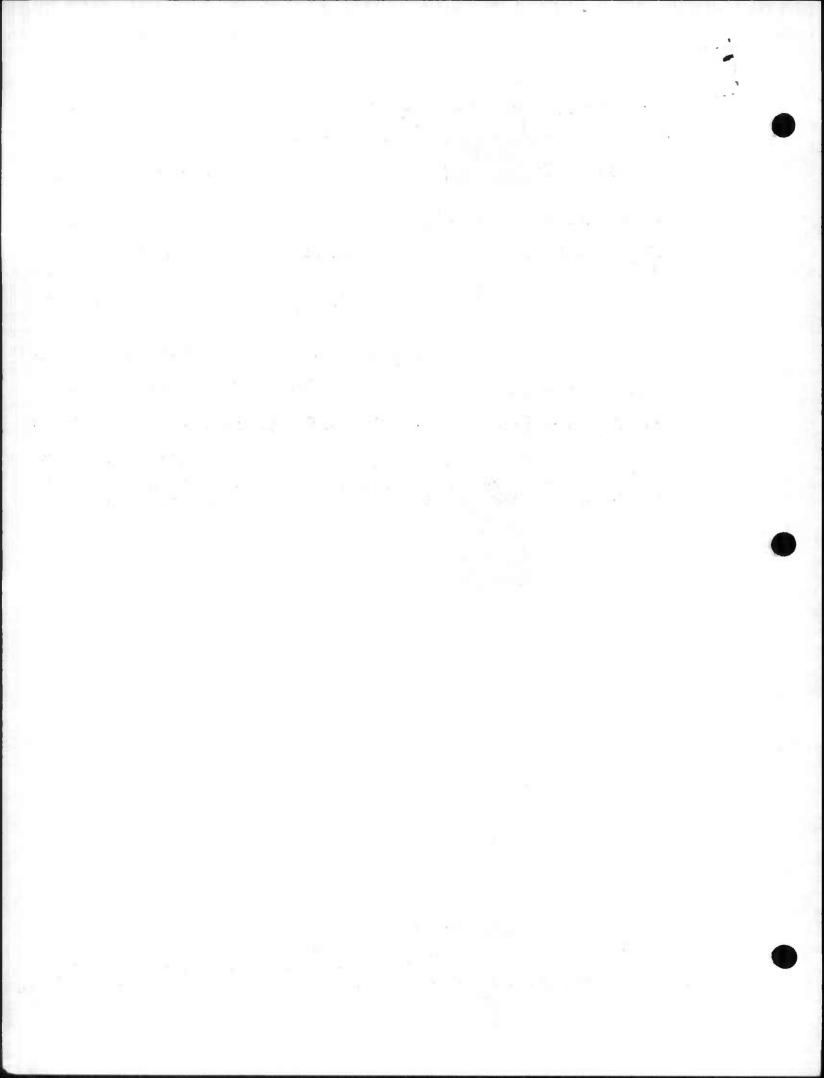
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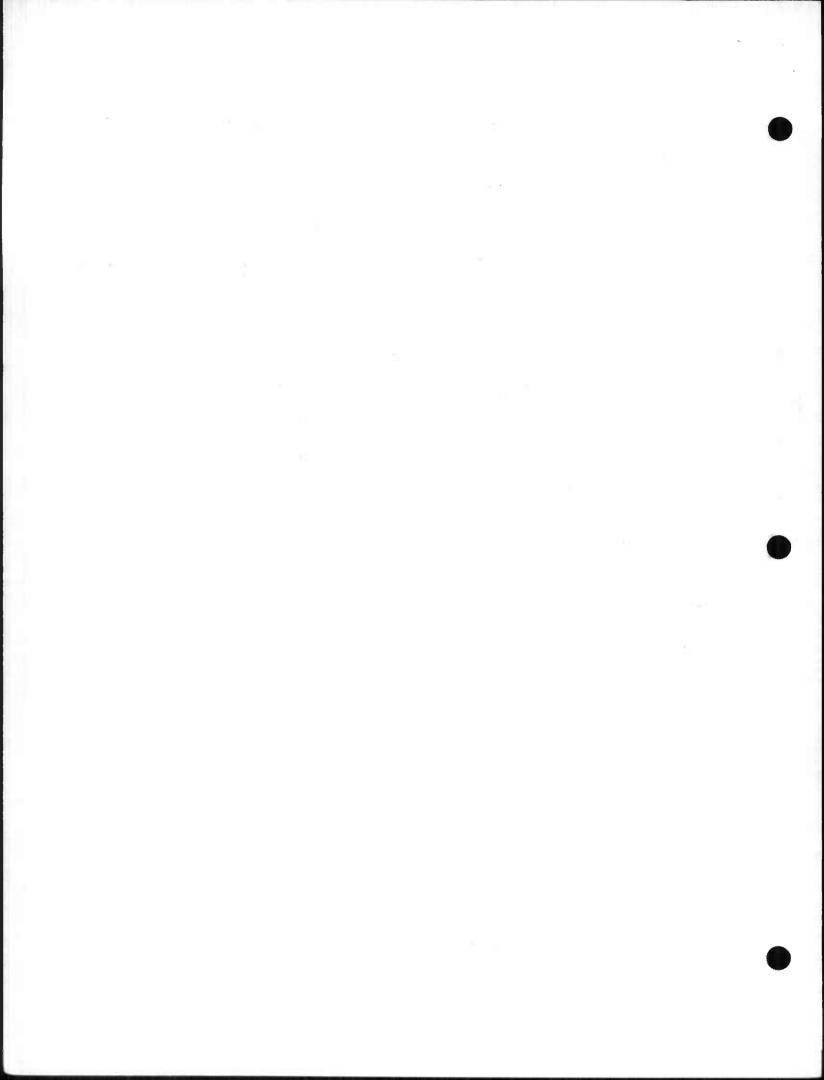
Box 68760,

Division of Vital Records, P.O.

death.



	FOR 1 _ STATE	STATE OF MARY							MEN.	TAL HYGIEN	E	D (	02123
	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	ГН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	William P	aul	DeFa	zio				000	bruary	Ž, 19	996ª	7.50 A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. les	100	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		TE OF BIRTH fonth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	215-24-1176	1 🔀 M 2 🗆 F	67	YAS.						rust 23, 1			aryland
OR	9a. FACILITY NAME (If not institution, give si Greater Baltii		l Cen	ter	9b. CITY,	TOWN	TOW		EATN		9c. COU	Balt	imore
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,		10c CIT	Y, TOWN O	B LOCAT	TION					1	10d. INSIDE CITY
DIRECTOR	Maryland	N/A		100. 011	i, iomico	В	Balti		Ci	ty			LIMITS?
FUNERAL	100. STREET AND NUMBER 3717	Keene Aven	ue			101	I. ZIP CODI		212	206			States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AR	MED						IGIN? (Specify Ya	or No-	14. RACE	— American Indian,
ВУ Р	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	DATES				2 X NO			rto Rican, etc.)		Speci	ifv:
		Korea	10000										White
ETED	16. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S ive kind of a Do NOT us	USUAL OC	CUPATIO	ON ost of working	ng		16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Wie.		mato	r				Weldi	ng		
8	17. FATNER'S NAME (First, Middle, Last)									rst, Middle, Maiden			
BE	Samuel DeFa	1210							-	Taylo	=6		
10	19st. INFORMANT'S NAME (Type/Print)		191							Number, City or Tow			1 1 1 1 1 1 1 1 1
	Mrs. Joyce DeFazi					_	Avenu	ie	-	Baltimo			21206
	20e. METHOD OF DISPOSITION  1	oval from State	emetery, cre	matory or o	ther place!			2/			WSON		ryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC		Zavo	yna			ND ADDRE						
	> Marter &	ifghe						THE RESERVE		Baltim	ore,	Md.	,
	23. PART I. Enter the diseases, or o ahock, or heart failure.				not enter	the mo	oda of dy	Ing, suc	h aa d	cardiac or reap	iratory ar	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final			10									Onset and Death
	disease or condition resulting in death)	a	to	Ct									
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequantially list conditions,	b. DUE TO (OR A	S A CONSE	DUENCE O	FI:								
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				,								i
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSE	DUENCE O	F):								
E	reaulting in death) LAST	d.											
2	DART II Other electrices and disc			- 101	1 11	4 1 1							
AL	PART II. Other algorificant condition	is contributing to death		esuiting	in the un	dariyin	g cause	given in	Part	PERFO	RMED?	24b	AWAILABLE PRIOR TO
MEDICAL	101190	176000								1 TYES	NO		OF DEATN?
Σ	DID TORACCO HISE CONTI	DIDLITE TO CALLEE	OF DEA	THE W	c 14	10 5	7 11112	ERTAII		,   '			1 TYES 2 NO
AN	DID TOBACCO USE CONTI	KIBUTE TO CAUSE			TN (Check	NO [	2 0.11	EKIAII	N L	1			
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	3:							
HYS	27. MANNER OF DEATH	28e. DATE OF INJUR	lγ	28b. TIN	E OF		JURY AT	amdenca	_	Other (Specify) DESCRIBE NOW	INJURY OC	CURED	
	Natural 5 Pending	(Month, Day, Yea	r)	IN.	M		ORK? YES 2	NO					100
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	IRY — At ho	me, farm,	street, fact	ory, offic				LOCATION (Street		or or Rural I	Route Number,
COMPLETED	4 Nomicide determined	building, etc. (S	фесту)							City or Town, State	)		
7	29a. CERTIFIER Check only	CIAN: To the best of my kn	owledga, de	ath occurr	ed at the t	lme, data	and pleca	, and due	to the	cause(a) and ma	nnor ee ata	ited.	
NO.	one)	R: On the besis of examina	ition end/or	Investigation	on, in my o	pinion, d	death occu	rad at the	time,	deta and place, a	nd dua to t	he cause(s	n) and manner es stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIE	1/	2	//	116	7	29c. LIC	ENSE NU	MBER	25	29d. DA	TE SIGNED	(Month, Day, Year)
TO B	Xum 1	1 leu	40	41	W		01	0/1	05	1021	12	12	196
	36 Name and abortess of Person win	o completed cause of	BEATH (ITE	M 27 G po	ilh	hio	ve,	M	()	2120	1	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	,			,						
	FEB 0 5 1996 /	in atudeor &	dell										

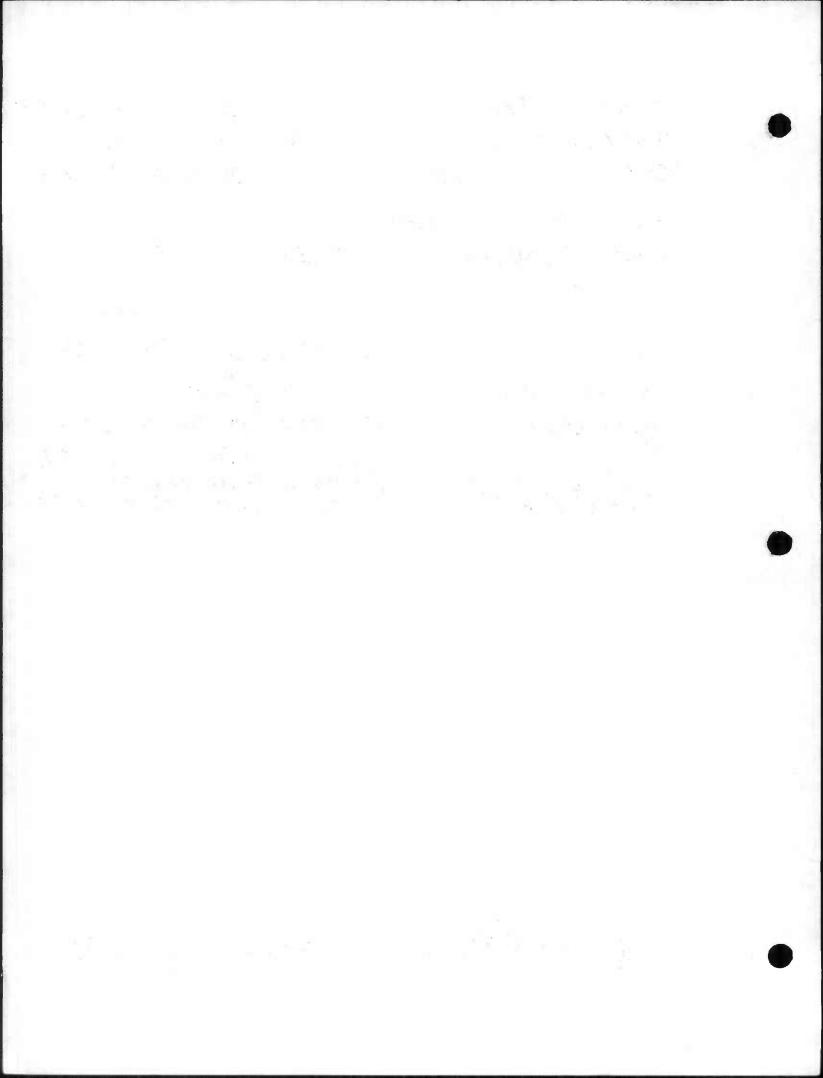


Piease Type or Print in Black Indelibie Ink. Assure All Copies Are Legiple. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month VAN /Medical 4e. Facility Neme (If not Institution, give street enginumber) 4b. City, Town, or Location of Deeth Examiner If Under 1 Yeer 7. Age (In yrs. last birthday) Under 24 Hrs 8. Dete of Birth (Month, Day 9. Birthplace (State or Foreign **Funeral** Deys 10M 20 F Hours Director Usuel Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. Cify, Town or Location 10d. inside City Limits 28a-f show 7 is marked other than "naturel", or thems 23s or 28s-f shor traumstic event, the Medical Examiner must be notified at 1 2 Y98 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral Reca - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health and Mental Hygiene. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□ Yes 2□No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry marked other than Flementary/Secondary (0-12) College (1-4or 5+) 17. Fether's Neme (First, Middle, Last) Mother'e Name (First, Middle, Malden Sumame) Be 10 19e. Informent's Neme/Reletionship (Type, Print)
RUTH TOAING Melling Address (Street and Number or) Agral Route Number, City or Town, State, Zip Code) important: If Item 27 20a. Method of Disposition

1 Burial 2 Differention 20b. Pleca of Disposition (Name of 20c. Location - City or Town, Stete 3 DRemovel from State 4 □ Donetion /5 ₺ Other (Specify) ase, or complications that caused the deeth. Do not enter the mo Approximete intervel Between Onset end Deeth **Physician** /Medical Immedial Cause (Finel ane-tweek diseese or condition resulting in death) Examiner Examiner attending physician and I for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest sion of Vital Records, P.O. Box 68760, Physician/Medical been signed by the a should be detached i Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 100 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en autopsy performed? certificate has blinector, page 2 s 1 ☐ Yes 2 The No 200 No Arbnding Physician: Be 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only ope) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA After this funeral 28d. Describe how injury occurred 27. Menner of Deeth 28h. Time of 28c. Injury et Work? 28e. Dete of Injury (Month, Day Year) 1 DNaturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) To the Hospital within 24 home To the Functional Completely filled in by 4 Homicide 11 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) Medical 29e Certifier 29b. Signature a 29c. License number 29d. Dete signed (Month, Day, Year) 30. Neme end add 31. Dete filed (Month, Day, Year) FFB 0 5 1996 State

**DHMH 16 Rav 6/95** 

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 0273

		24			C	Certificate of	Death		Reg. No.		2101
	Physic	ian	Decedent's Neme (First, Middle, L     Mary Jo Eic	hhorn				2. Dete of D Month		Yeer	3. Time of Death 4 Am
8	/Medi	ical					at Ob Tour		2294	1996	7 01111
	Exami	ner	4a. Fecility Neme (If not institution, gi Charlestown	ve street and number)				n, or Location of Dea SVille			
-	Funeral		Sociel Security Number 6.		e (In yrs. lest birtho	day) If Under 1 Yes	r If Under 2	4 Hrs. 8. Dete of B			n c R E
	Director		212-10-2456 Usuel Residence of Decedent	10 M 20 F	80 Yr	s. Months Deys	Hours	Min. (Month, D) March 1	2, 1915	Maryla	and
	dand dand		10e. Stete 10b. County		10c. City, Town o	or Location				10	d. Inside City Limits
	e Mary	Director	Maryland Baltimor	e	Catonsvi	lle					1 Yes 2 No
	or 28	Sire	10e. Street end Number			10f. Zip Code			10g. Citizen of 1	Whet Countr	ry?
	23a		715 Maiden Choice	Lane		2	1228			U.S.A.	
	tems tems	Funeral	11. Maritei Stetus	12. Wes Decedent Armed Forcas?	Ever in U,S.	<ol> <li>Wes Decedent of It Yes, specify Cu</li> </ol>	Hispenic Origi ban, Mexican,	n? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rad Blad	ce - America ck, White, et	
020	2 should be filed within 72 hours after death with the Manyland and Mental Hyglene. is marked other than "naturel", or flams 23a or 28a-f show aumatic event, the Medical Expansion must be notified at	by	1 ☐ Never Merried 2 ☐ Merried 3 🖾 Widowed 4 ☐ Divorced	1 Yes 2 1 If Yes, Give Yeer or Detes:	No	1□ Yes 2ễ No	Specify:		Specify	White	
21215-0020	s 1 and 2 should be filed within 72 ho I Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic svent, in Medical	Completed	15. Dacedent's E (Specify only highest gi	ducation ade completed)	(0	ecedant's Usuel Occu Give kind of work done fe. DO NOT usa retir	e durina most o	of working	16b. Kind of B	usiness/Indu	ustry
7	within then	E	Elementary/Secondary (0-12)	Coilege (1-4or !	5+)	etarv	90)		States I	Attorno	37
	Hygi ther ont,		17. Fether's Neme (First, Middle, Las	t)	3601	etat y	18. Mother	s Neme (First, Middle			y
g	id be ental ked o	To Be	John Broderick	,			111	rine McKew			
Maryland	shound M	-	19e. tntormant's Name/Reletionship	(Type, Print)	19b. N	feiling Address (Stree	et and Number	or Rural Route Numi	ber, City or Town,	Stete, Zip (	Code)
			Carole Kirkpatrick	(Daughter)	46	97 Columbia	Road El	licott City,	Maryland	21228	
pailimore,	pemit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr 2003.		20e. Method of Disposition		20b. Pleca of D	isposition (Neme of cremetory or other pl	ece)	Dete	20c. Location -	- City or Tow	m, Stete
É	Pag nent int: If		1XXBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci			dral Cemeter		6, 1996	Baltimore	e, Mary	land
<u>a</u>	permit. Pages 1 Department of H Important: If Its any injury or ot page.		21. Signature of Europeal Service Lice	nhee	,	22. Neme end Add		0 11: 1 12	1 11		
ŀ	207.99		Xumeren	): H				C. Witzke Fl ue Catonsvi			1228
,00/00	the death certificate be executed  y the attending physician and  uched for use as the burial-transit  and	ai Examiner	disease or condition resulting in deeth)  Sequantially list conditions, if eny, leading to immediate cause. Enter Underfying Cause (Disease or injury that initiated events	b	Due to (or es e cor		( D) PZ(	NASCJ	AR VIS	onsac	TOARS
200 000	eath certificate attending phys I for use as the	ician/Medical	resulting in death) Last	d	Due to (or es e con	sequence of):					
	he att	sici	Pert II. Other eignificant conditions	contributing to death b	ut not resuiting in th	ne underlying cause g	lven in Pert I.	23b. Did	l tobacco uee co	ntribute to 1	the cause of death.
	that the de led by the c	y Physi						1	Yee 2 No	3 Probe	abiy 4 Onknow
necolus,	e law requires that has been signed b je 2 should be dets	Completed by						24a, Wei	s en eutopsy ormed?	com	e autopsy tindings lable prior to pletton of cause eath?
	ate has	5						1 🗆	Yes 2 DNo	10	Yas 200 No
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		lon	27. Mennet of Death 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Inju (Month, Da)	ry Year) 28b. Tim Inju	ry W			how injury occur	red	
1000	r Attending for death. rector: Afte	Certification:	2 Accident 3 Suicide 4 Homicide    Investigation   M   1 Yes 2 No						(Street end Numb	per or Rural	Route Number,
1-	aptration nouns after pertail Dir filled in	- 1	29e. Certifier 127 Cartifying PI	nyeiclan: To the bast of	10.0%	eeth occurred at the t	ime, date and	plece, end due to the	cause(s) end me	anner es ste	ted.
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,	W W	M	29b. Signature and title of certifier			29c. Licer	ise number		29d. Dete signe	d (Month, D	ay, Year)
	6		PATTY Of A	man	wmn.	カ	1117	/	FobRITA	RY 4	1596
	8		30. Name and laddress of person who	completed causa old	eath (Item 23a) (Ty	pe, Print) 05 FR	1 -		(0	-	
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IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	REG. NO				
•	1. DECEDENT'S NAME (First, Middle, Last)  HAMAE. EPPL	EY			2. DATE OF DEATH MONTH	2 90	3. TIME OF DEATH  9:55-P M		
	216-45-6909	SEX 8. AGE (In yrs. lo	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) Sept. 30,	1995	BIRTNPLACE (Store or Foreign Country) Maryland		
TOR	99. FACILITY NAME (If not institution, give street Univ. of Maryl RESIDENCE OF DECEDENT	and Hospital		y, town or Location of D altimore	EATN	9c. COUNTY			
DIRECTOR	Md. County Carr	oll	Manche				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	4600 Hano	ver Pike		101. ZIP CODE 21102		10g, CITIZEN	U . S . A .		
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED 13	MAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)	e or No 14	RACE — American Indian, Black, White, atc. Specify.		
COMPLETED	15, DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) ((	ECEDENT'S USUAL ( Give kind of work done is. Do NOT use retired.)	during most of working	16b. KIND OF BU	ISINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Gary L. E	ppley			ome (First, Middle, Maide) bra L. Ca				
TO B	190. INFORMANT'S NAME (Type/Print) Gary L. Eppley			ss (Street end Number or Rural over Pike,					
	20a METNOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remova 4 Donetion 6 Other (Specify)	nt from State cemetery, co	e AND DATE OF DISPO rematory or other place Luther	an Cem. Fe	b. 6, 199	6 Man	chester, Md.		
	+ H9. Eille	and	3:	ckhardt fu 296 Charmi	Dr. Mai	nchest	ter. Md.		
	IMMEDIATE CAUSE (Final disease or condition	at only one cause on each lin	10.		th as cardiac or resp	piratory arrest	t, Approximate interval Between Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OP AS A CONSI	EQUENCE OF): EQUENCE OF):				2 days 8 days		
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  THE TENT OF A LEGISLAND AND ALL PRIOR TO COMPLETION OF CAUSE OF DEATH  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH  YES \( \sum \) NO \( \sum \) UNCERTAIN \( \sum \)  UNCERTAIN \( \sum \)								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 0 60  1 HOSPITAL: 1 Hospitent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
ву РНУ	27. MANNER OF DEATN  1	28e. DATE OF INJURY (Month, Dey, Year)	28c. INJURY AT WORK? 1 YES 2 NO	28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 5 Could not be determined	281. LOCATION (Stree City or Town, State		Rural Route Number,					
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	AN: To the best of my knowledge, on the basis of examination end/or							
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	m.o.		29c. LICENSE NO			SIGNED (Month, Day, Year)		

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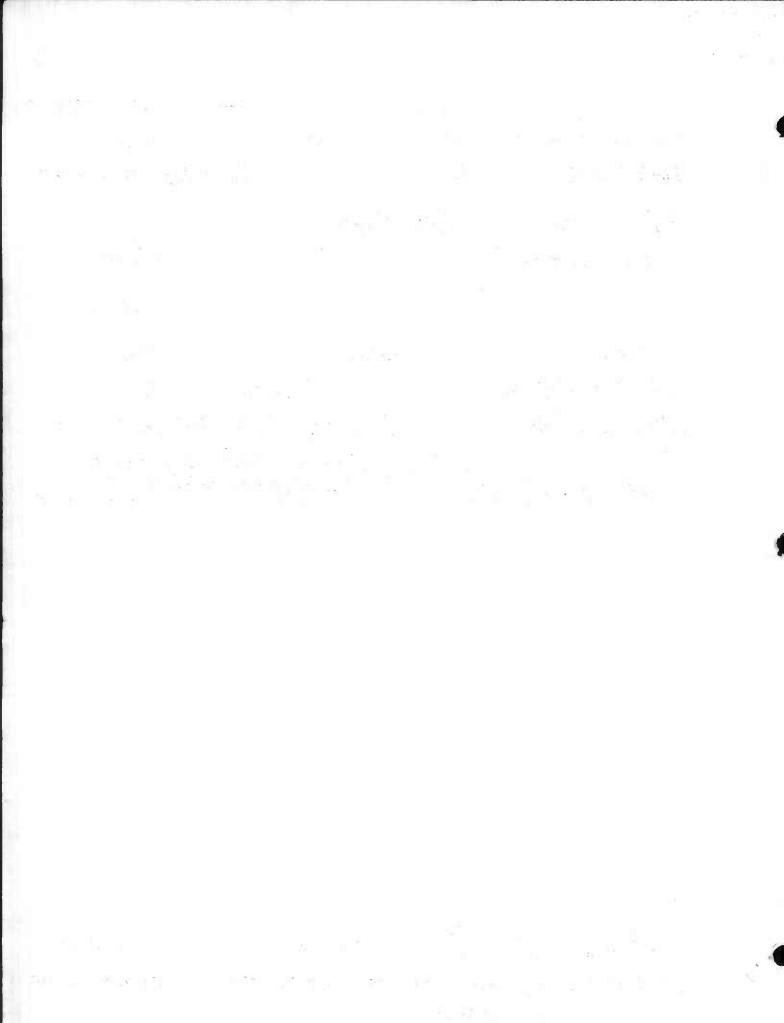
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	<b>D</b> 1		Decedent's Neme (First, Middle, Last)		2. Dete of Deeth	3. Tima of Deeth										
	Physici /Medi		RUSSELL FLETCHER		JAN 31 <sup>Dey</sup> 1	996 2150 P										
	Examir	er	4e. Fecility Neme (If not institution, give street end number) 3700 BLK FRANKLINTOWN RD,	4b. City, Town, or Loc BALTIMO	C PURE CONTROL CONTROL	V/A										
	Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Mont 124-54-049 1 M 2 F Yrs.	nder 1 Year If Under 24 Hrs. ths Deys Hours Min.	8. Dete of Birth Wash 1959	9. Bigthplace (State or Foreign										
death with the Marylend	28a-f show	tor	10e. Stete 10b. County 10c. City, Town or Location	man/		10d. Inside City Limits 1 Des 2 □ No										
h with the	23a or 28a-f ust.be.notifie	al Director	10e. Stylet and Number 10f.	Zip Code 11221	10g. Citizen o	What Country?										
9	al', or itema 2 Examiner mu	by Funeral	1 P Never Merried 2 Married 1 ☐ Yes 2 PNo	ecedent of Hispanic Origin? (Spe specify Cuben, Mexican, Puerto f s 2 No Specify:	ecify Yes or No- Rican, etc.) 14. Re BI Spec	ace - American Indian, eck, White, etc.										
21215-0020 d within 72 hours after	piene. r than "natur The Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementer (Secondary (0-12) College (1-4or 5+)	Jsuei Occupetion f work done during most of workin T use retired)	16b. Kind of	Business/Industry										
D S	h and Mental Hygiene. 7 is marked other that treumatic event, me.	To Be Co	17. Father's Name (First, Middle, Last)  ROSER 7 FLETCHER	18, Mother's Neme	(First, Middle, Maiden Surne	ome)										
C	f Health and N Item 27 is ma other treums		CHARLENS PANDALL 1508	W, FAME 18	97, BUT.1	10,21223										
E &	artment o ortant: If injury or		20a. Method of Disposition  1 Burial 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)  21. Signeture of Dunerei Service Upenage  22. Name	or other place)/ = Roms/d/122 2	19/94 4WV	TEN No Town, Stete										
Ва	Depa impo any i		Jan & Wand 37	O HEDWILTON	TAS BUT	Mp. 21229										
11	ysician Medical taminer		23a. Penil En er the disease, of complications that caused the deeth. Do not enter the r shock, or earl feiture. List only one cause on each line.  Immediate cause (Finel disease or condition resulting in deeth)  Due to (br es e consequence	shot Wan	er respiretory errest?	Approximete Interval Between Onset and Death										
pernee	burial-transit	Examiner	Sequentially list conditions,  Due to (or es a consequence	of):												
X 68760,	attending physician a	edicai	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last  Due to (or es a consequence of	of):												
ords, P.O. Box 6 requires that the death certific	by the lacher	Physician	/ Physician	/ Physician	/ Physician	y Physician	/ Physician	Physician/	Physician/	Physician/	Physician/	Physician/M	Pert It. Other significant conditions contributing to death but not resulting in the underlying	ng cause given in Pert I.	23b. Did tobacco use c	ontribute to the cause of death?  3 Probably 4 Unknown
e C	hes been signed ge 2 should be del	Completed by			24e. Was an autopsy performed?	24b. Ware autopsy findings aveilable prior to completion of cause of death?										
a B	Da Pa	S			1XYes 2□No	1 Yes 2□ No										
of Vita	s certificate director, pag	o Be	25. Was case referred to medical exeminer?  1 ☑ Yes 2 □ No  Hospitel: 1 □ Inpatient 2 □ ER/Outpatient 3 □	26. Piace of Deeth	n (Check only one) me 5 ☐ Residence 6 💯	they (Secolds) SCENE										
Division of	within 24 hours after death.  To the Function Director: After this completely filled in by the funeral of										rtification: To	27. Menner of Deeth 1 Neturel   5 Pending Investigation   28b. Time of Injury   28b. Tim	28c. Injury et Work? 1  Yes 2 No	28d. Describe how injury occur  28f. Location (Street end Num  City or Town, State)	short start	
3	Z4 hours Functei etely filled	edical Ce	29e. Certifler (Check only one)  1 Certifying Physician: To the best of my knowledge, deeth occurr (2 Madical Examiner: On the basis of examination and/or investigation and manner steted.	red et the time, date end place, e tion, in my opinion, deeth occurre	and due to the cause(s) and red et the time, date and place	nanner as stated.										
To the Hos	To the	Me	N	29c. License number O.C.M.E		ned (Month, Day, Year) RY 01, 1996										
	3		30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)  The print Person who completed cause of deeth (Item 23e) (Type, Print)  111 Person Person who completed cause of deeth (Item 23e) (Type, Print)			aryland 21201										
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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be refained by the hospita	at. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it		If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11:55 PM uridice 1996 Guidubald January 7. DATE OF BIRTH (Month, Day, Year) 4. BOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 82 168-26-5663 1 M 2 X F Ital June 13, 1913 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH North Arundel Hospital Glen Burnie Anne Arundel DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 10a STATE MARYLAND Anne ARUNDEL Glen Burnie 1 TES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 416 Summer Wind Way AP+. USA 21061 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specky Cuban, Maxicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American indian, Black, White, atc. 1 Never Married 2 Married Specify BY ₩ Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION lecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) AL KIND OF BUSINESS INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) KISER STEEL INSPECTOR 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Sumame) legrini PASQUINA FECUITE OBERDAN PEL BE 19a. INFORMANT'S NAME (Type/Print) 2 Path MO SHEILA D. PIPERS HART 961 GIEN SURPIF 20a METHOD OF DISPOSITION
DE Burlei 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Youngstown, OHIO 4 Donetion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Prymond C. Fink Funcion 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Glen Burnic mo 2106 HWY SW. 426 CRAIN Emily the diseases, or complications that caused the death. Do not enter the mode of dying, such as sardiec or respiratory arrest, shock, or heert failure. List only one save on each line. 23. PART / Enter the diseases, or Approximate interval Batwean Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (O) AS A CONSEQUENCE OF heart reaulting in death) ndsta eans PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSCOUENCE OF): If any, leading to immediate CAUSE Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:

1 Nontient 2 ER/Outpatient 3 DOA 1 - YES 2 NO 27. MANNER OF DEATH 28a, DATE OF INJURY 1 X Netural

Investigation

S Could not be determined

28b. TIME OF 28c. INJURY AT WORK? 1 YES 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28d, DESCRIBE HOW INJURY OCCURED

29a, CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or in 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) M.D

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

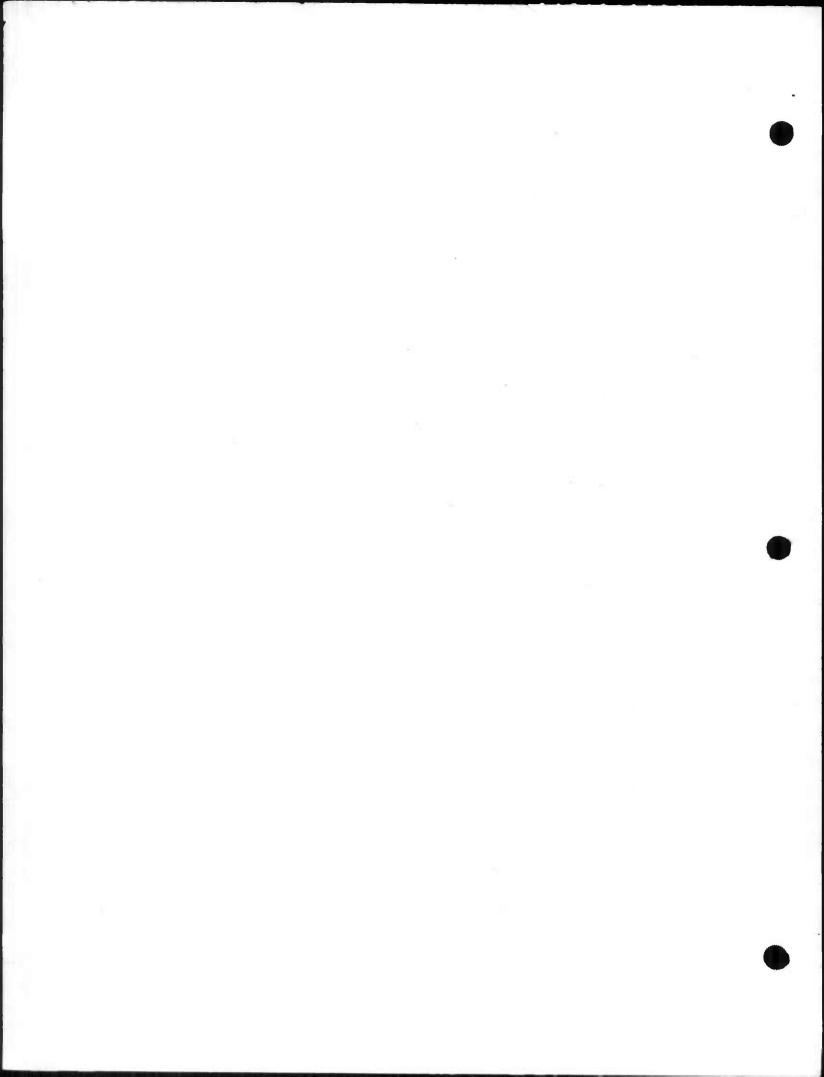
Ali Saifi, North Arundel Hospital, 301 Hospital Drive, Glen Burnie, MD 21061

31. DATE FILED (Month, Day, Year) 0 5 1996

32. REGISTRAR'S SIGNATURE

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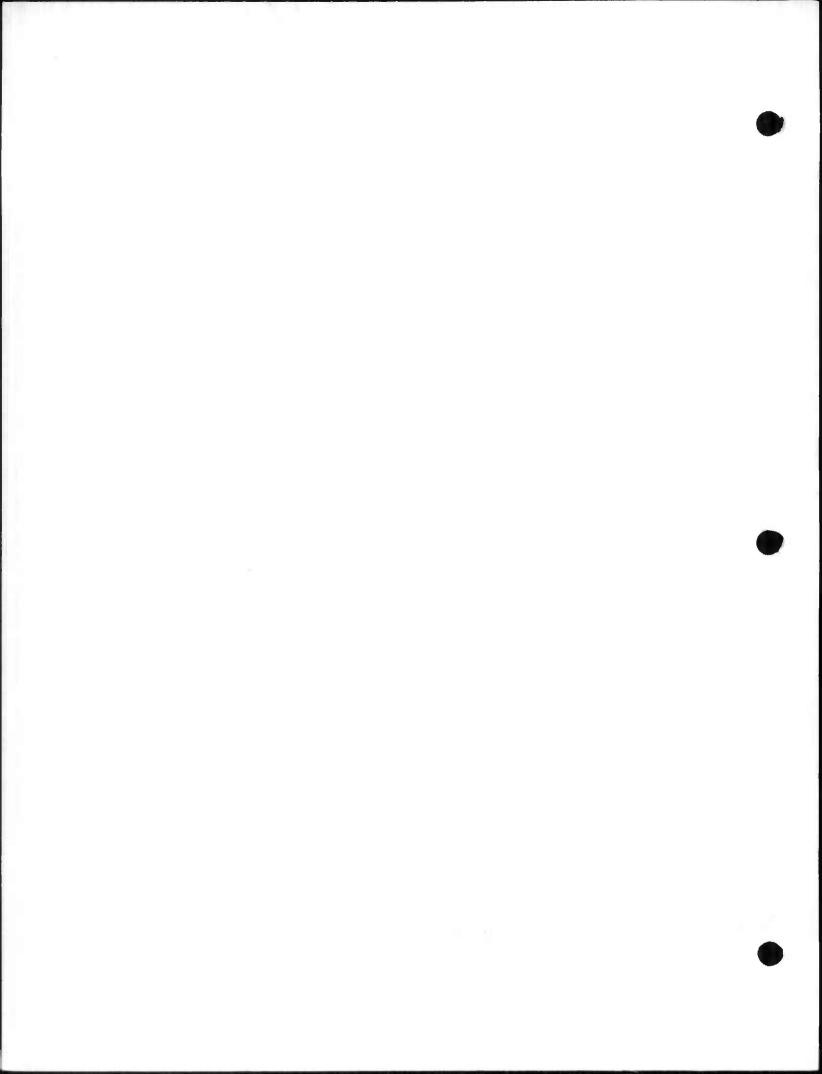
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH t. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ginneman 1055ie 3 1996 12:16 Pebruary A. M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) August 2,1896 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214 22 9823 99 DAYS HOURS 1 M 2 X F YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel General Hospital Annapolis Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 238 Glenwood Road 21122 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, stc. IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Wildowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker 9th In Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname). 76 James Groves Virginia Younger BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas Ginneman 238 Glenwood Road Pasadena, Maryland 21122 9 20a. METHOD OF DISPOSITION
1 № Surial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Glen Haven Memorial Park ☐ Donation 5 ☐ Other (Specify) \_ 2/6 Glen Burnie, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENIEE 22. NAME AND ADDRESS OF FACILITY I hours after death. P led in by the funeral is, or removal. George J. Gonce Funeral Home P.A. LL KO 4001 Ritchie Hwy. Baltimore, Md. 21225 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Daath the cremation, disease or condition\_\_\_ infarction myo Cardial 40 reaulting in death) event. DUE TO YOR AS A CONSEQUENCE OF and com o burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 signed by the attending physician Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a, WAS AN AUTOPSY апу 1 - YES 2 10 OF DEATH? shows 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN DE PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 COA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH (Month, Day, Year) 28b. TIME OF INJURY 26c, INJURY AT WORK? marked, 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 2 Acciden М 1 YES 2 NO BY Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 99 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end manner ea stated. FUNERAL Within 72 h 2 MEDICAL EXAMINER. On the beals of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) 8 0 3 5 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

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	ansit permit. Pages 1, 2, 3 should		
YSICIAN: The law requires that the death certificate be executed wittin 24 hours after death. Page 6 may be retained by the hospital or attending physician	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rust be notified at once.	
ate be executed within 24 hours after death. Page 6	spician and completely filled in by the funeral direct prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
PHYSICIAN: The law requires that the death certific	this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other	
THE HOW TAL OR ATTENDING F	to mercinenal DIRECTOR; After be filed within 72 hours after death	IMPORTANT: If Item 28 Is mar	

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	FOR STATE REGISTRAR	STATE OF MA				HEALTH AND F DEATH	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	. 11					2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATN
	Leon Gos	nell					FEE	3 5	2 /	996	6:10 P #
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. les	t birthday)	MONTHS DAY		7. DATE (	Dey, Year)		8. BIRTNPL	ACE (State or Foreign
	218-03-3755	1 🔣 M 2 🗌 F	83	YRS.	MONTHS DAY	HOURS MIN.		13,	1912	Mary:	land
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATION OF D	EATN		9c. COUN	TY OF DEAT	7H
FUNERAL DIRECTOR	Mercy Hospital			Balt	imore Cit	У			N/A		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT		ine CIT	Y. TOWN OR LO	CATION					Id. INSIDE CITY	
35										LIMITS?	
	Maryland Balti	more		1 1	Dundalk	101, ZIP COOE			Lan OUTIN		☐ YES 2 🔣 NO
BA											II COUNTRY?
빌	8 Broadship Rd	12. WAS DECEDENT I	EVED IN 110 AD	450	1 40 1110	21222			-	SA	
립	1 Never Married 2 X Married	FORCES7 1	YES 2 N		If yes,	SECENDENT OF HISPA specify Cuban, Mexic	an, Puerto F		n or No	Black, W	- American Indian, Yhite, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	R OR DATES		101	'ES 2 NO Speci	ffy:			Specify:	White
	15. DECEDENT'S EDU	CATION			USUAL OCCUPA		16b.	KIND OF BU	SINESS/INDI	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Gi	ve kind of a Do NOT us	work done during se retired.)	most of working	Sh	ip Bu	ildin	g	
립	7th Grade		Mi	llwr:	ight			ethle		_	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, A	liddle, Malden	Surname)		
BE C	Boyd W. Gosnel	1				Carri	e E.	Grimm			
	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Stre	et and Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
5	Dorothy H. Gosnel	l (Wife	()	Bro	oadship	Rd. Dun	dalk,	MD	2122	2.	
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ren				OFDISPOSITION		DATI	20c. LC	CATION —	Cify or Town	, State
	4 Donation 6 Other (Specify)	IOVEI From State	Morgan	Cha Cha	pel Cer	netery	2-5	Woo	odbine	e, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				AND ADDRESS OF F		1 D			D. A.
-	11/1/2					ier-Queen					
	28. PART I. Enter the diseases, or	complications that	caused the de	ath. Do i							MD 21784
	shock, or heart failure.	List only one cause	on aech lina			mode or dying, and	011 00 0010		matory arri	J	Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Mata	-+0+:-	1	luura 10						
	reaulting in death)	a. Meta:	OR AS A CONSE	DUENCE O	eng C	ancer			-		10 mos.
-											İ
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	DUENCE O	F):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C.								1	
Ē	that initiated events	DUE TO (O	R AS A CONSEC	DUENCE O	F):						
H	resulting in daeth) LAST	d									
	PART II. Other aignificant conditio	na contributing to d	eath but not r	eauting	in the underly	dna ceuse alven in	Port i	24a, WAS AN	AUTOREV	245 W	PERE AUTOPSY FINDINGS
CAI				adorting	on the onegh	ying cadaa givoir ii		PERFO	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
							—	1 TYES	2 X NO		F DEATH?
2	DID TOBACCO USE CONT	COUNTY TO CALL	ICE OF DEA	TU VI	CL D NO	N HINICEDTAL	N. D			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T CAU			TN (Check only o	UNCERTA		<del></del>			
2	EXAMINER?	HOSPITAL:			OTHER:		1/	1	1	4	AA
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpatient 2 I E		28b. TIN		iome 5 Residence		CRIBE NOW			Mercy
	1 Natural 5 Pending	(Month, Day,	Year)		JURY	WORK?	200. DE	CRIBE NOW	INSURT OCC	ONED	,
BY	2 Accident investigation 3 Suicide & Could get be	28e. PLACE OF	INJURY — At ho	me, ferm.			26f. LOC	ATION (Street	and Number	or Rural Bou	de Number
ED	4 Nomicide 6 Could not be	building, et						or Town, State		011100	ie isumoe,
COMPLETE	29a. CERTIFIER										
Q.		SICIAN: To the best of m									
8		ER: On the beals of exam	rector and/or	vestigstk	or, at my opinio			enu prace, a	ma ave to th	- cause(a) a	nu menner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R	•			29c. LICENSE NU		en		_ 1 1	forth, Day, Year)
01	01.00					1 2	404	30	7 -	1 04	96
	30. NAME AND ADDRESS OF PERSON W				e, Print)	5810 30	ECAL	~ 1	20		
		1. Fee	no, 1	TEM 27) (Type. Print) 55/0 SECALE ED  MD 13ALTV. MD 21206							

NO COMPLETED CAUSE OF THE STATE

FEB 0 5 1996

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IMMEDIATE CAUSE (Final diseases or conditions resulting in death)			Filmg, 732, item #	17, 2/9/	96,cyw							96	02	2737
SOCIAL SECURITY NAME FOR A SAME  230—42 - 4376  1- 10 s 1 Det 10 of Early  320—42 - 4376  1- 10 s 1 Det 10 of Earl			1 _ STATE	STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	IEALTH A	ND ME				
230—42—4376			1-DECEDENT'S NAME (First, Middle, Lad)	e L	Gr.	D.	4	\			. DATE OF DEATH		MEAR 3.	TIME OF DEATH
S. RACHTY MANE for fundame, you served or fundamed S. S. RACHTY MANE For fundamed S. S. COUNTY OF SOUTH STATE STAT								7		MIN.	(Month, Day, Year)		Country)	_
The Second Content of the Second Content o	9	5			Home .	9b. CITY, TOWN OR LOCATION OF DEATH							TY OF DEAT	
The Second Content of the Second Content o	200	TE C	10a: STATE 10b. COUNT			10c. CIT							10	d. INSIDE CITY
TYES 20 NO Generally   Separation   Separa			10e. STREET AND NUMBER				В		. ZIP CODE			10g. CITIZ	EN OF WHA	YES 2 NO
TYES 20 NO Generally   Separation   Separa	I NE		11. MARITAL STATUS	12. WAS DECEDEN			13.		ENDENT OF	HISPANIC	ORIGIN? (Specify Y	ee or No-	14. RACE —	American Indian.
Securitary   Sec	2					Жио					Puerto Rican, atc.)		Black, W	hite, etc.
Security   Security	ETEL		(Specify only highest grade	completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	ON ost of working		ENCL. WAR FOR			
The improvement is a constitution of the state of the sta						CUOOT	Tea	cner			(First, Middle, Melde	n Sumame)	Scho	ol
20. METHOD OF DISPOSITION TO BURIS 2 Cremetion 3   Removel from State   Down of Commentary Commentary Control			19e. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRES	SS (Street a	and Number or	Rural Rou	te Number, City or To	wn, State, Zip C	Code)	E
22. NAME AND ADDRESS OF FACILITY LETOY M & RUSSELL C Witzke Funeral Homes 1630 Extraordison Avenue Catonsville, Maryland 1630 Extraordison Avenue Catonsville, Marylan	וותפו חב		20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State											
Approximate shock, or heart failure. List only one shock on each line.    Approximate shock or heart failure. List only one shock on each line.	CAGIIIIII	ĺ	. 🗸	) (	26	200011	22. L	eroy	M & F	Russe	ell C Wit	zke F	unera	1 Homes
Sequentially list conditions, if any, laseling to immediate acceleration of the property of th			iMMEDIATE CAUSE (Final	List Dnly Dns con	ise on each il	na.	not ente	r tha mo	de of dying	dSON I, such a	Avenue (	catons	ville et,	
DUE TO (OR AS A CONSEQUENCE OF):    Sequianting in the immediate cause. Enter UNDERLYING Cause of injury that initiated events resulting in death) LAST    DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CON	Tour i		disease or condition resulting in death)	DUE TO	(OR AS A CONS	IN SU	)	162	c4					6 YEARS
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PROPONDED? 1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27s. MANNED OF DEATH 28s. DATE OF INJURY 1 Natural 5 Pending Investigation investigation investigation investigation and selection of the beside of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated.  28s. PLACE OF INJURY AT WORK? 28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, State)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT North, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, Day, Year)  28s. PLACE OF INJURY AT NORTH, DAY, Year)  28d. DATE SIGNED (MORTH, Day, Year)	TION						F):			_				20 years
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PROPONDED? 1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25e. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27e. MANNED OF DEATH 1 Naturel 5 Pending Investigation Investigation Investigation Investigation Investigation 2 See. PLACE OF INJURY At home, term, street, fectory, office  29e. CERTIFIER (Chock only or Yown, State)  29e. CERTIFIER  29e. CERTIFIER  29e. CERTIFIER  29e. DEATE Of INJURY At home, term, street, fectory, office  29e. SIGNATURE AND INTLE OF CERTIFIER  29e. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29e. DATE SIGNED (Month, Day, Year)  29e. SIGNATURE AND INTLE OF CERTIFIER  29d. DATE SIGNED (Month, Day, Year)	RTIFICA		cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEOUENCE O	F):							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  27. MANNEBOF DEATH  1   YES 2   NO  28. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. DATE OF INJURY  29. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29. CERTIFIER  (Check only one)  29. SIGNATURE AND LITLE OF CERTIFIER  290. SIGNATURE AND LITLE OF CERTIFIER  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)  290. DATE SIGNED (Month, Day, Year)	O		PART II. Other algolificant condition	a contributing to	death but no	t reaulting	in the u	ndarlylng	g cause giv	en in Pai				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 5   Other (Specify)  27. MANNEB-OF DEATH  1   Netures 5   Pending investigation   2   Accident   3   DOA   4   Nursing Home 5   Residence 5   Other (Specify)  28. DATE OF INJURY AT WORK?  M 1   YES 2   NO   28. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED   NURSING A City or Town, State)  29. CERTIFIER (Check only one)   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated.  29b. SIGNATURE AND LITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	MEDIC												COI OF	MPLETION OF CAUSE DEATH?
2				RIBUTE TO CA					UNCER	RTAIN		14.0		TES 2 NO
2	HYSIC		1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	fi: rsing Hom		-				
4   Homicide determined determined building, stc. (Specify)  29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated.  29b. SIGNATURE AND LITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)			1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Yber)	IN.	M	1   Y	RK? /ES 2 N	10				
W 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	ETED		4 Homicide determined	building,	atc. (Specify)						City or Town, State	)		Number,
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	OMPL		(Check only											d menner ee stated.
1			290. SIGNATURE AND TITLE OF CERTIFIER	Russ	elt	in	>					1.47.		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MICHAEL

A REGISTRATE SIGNATURE

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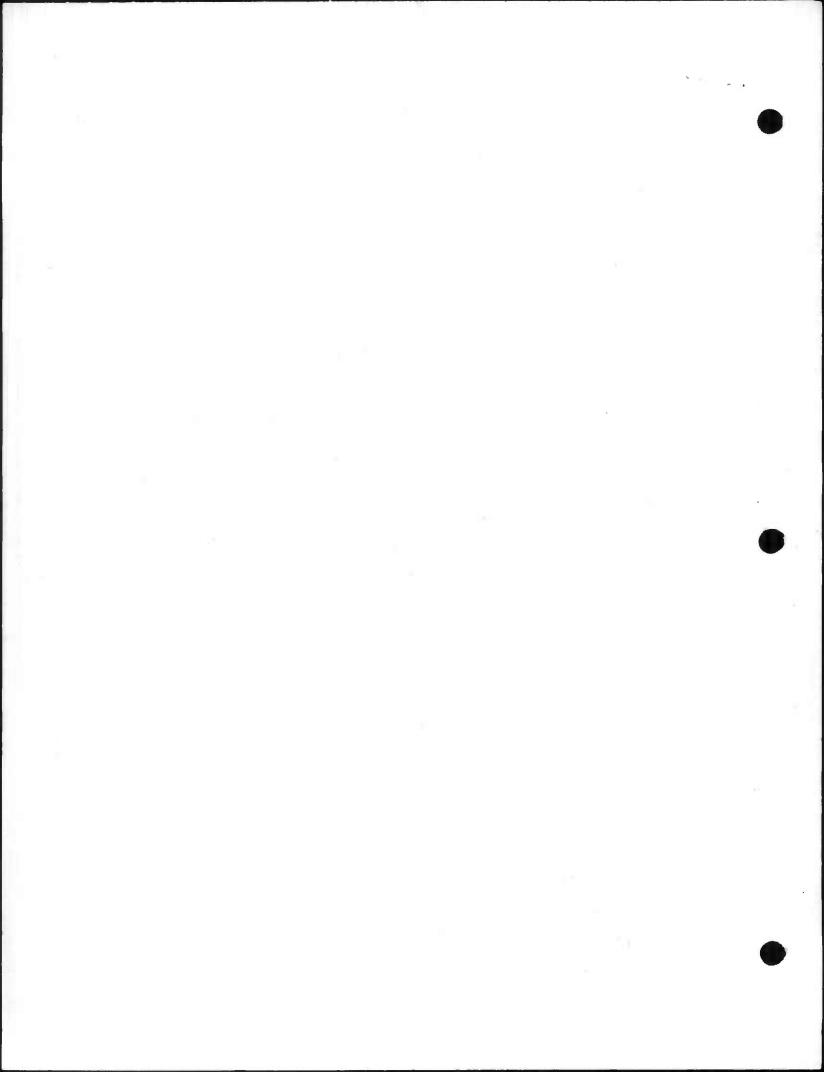
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S1. DATE FILED (MONTH, Day, Year)
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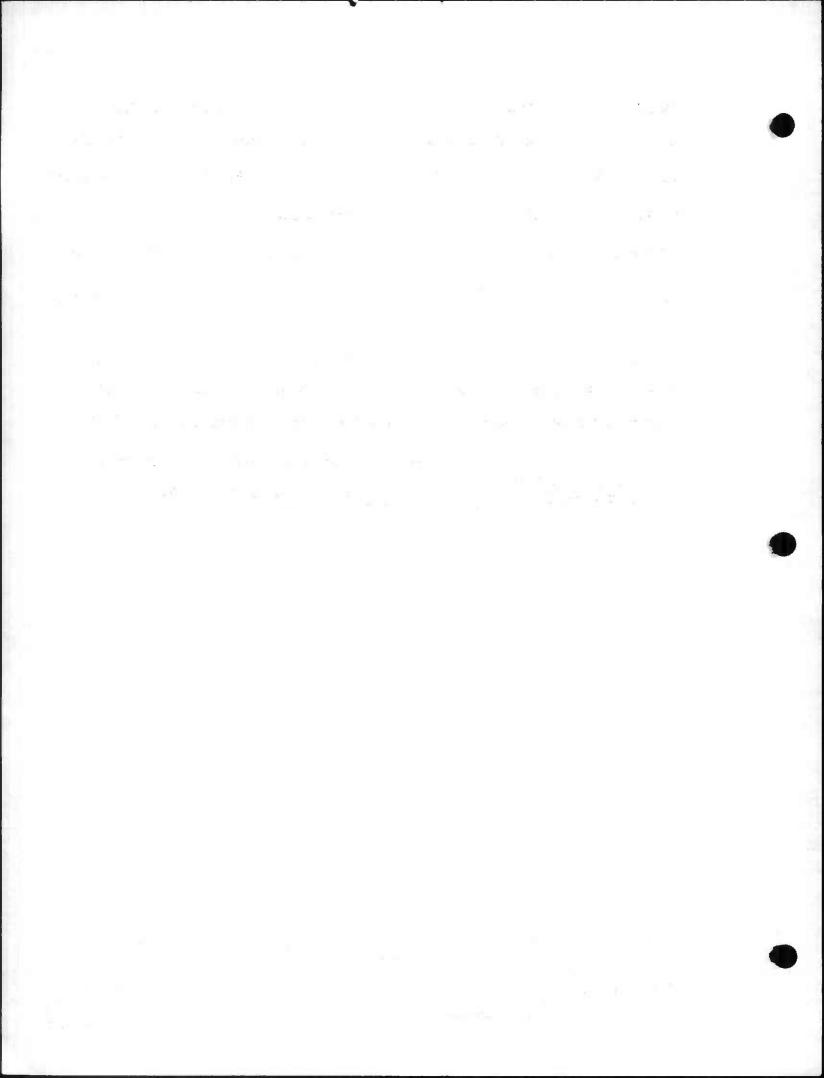
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death , 1996 **Physician** February Ottilie Tabitha Horner 1:48 PM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Westminster Carroll County Memorial Hospital Carrol1 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) If Under 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year, Birthpiace (Stata or Foraign Country) **Funeral** Days 1□ M 2□ F Director 214 18 7459 92 May 6, 1903 Maryland Usual Rasidence of Decedent death with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits d other than "natural", or items 23a or 28a-f show event, the Medical Externmen must be notified at Sykesville Maryland Carrol1 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5710 French Ave. 21784 United States 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married Saltimore. Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ 3 Widowed 4 □ Divorced Year or Dates: 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 4 Hospital Nurse 17. Father's Name (First, Middle, Last) permit. Pages 1 end 2 should be filt Department of Health end Mental Hy Important: if flem 27 is marked oth any Injury or other traumatic event 2008. 18. Mother's Name (First, Middle, Melden Surnama) Be 2 Ernst Gottlieb Schmid Anna Marie Halfter . 19a. Informant's Name/Raiationship (Type, Pnint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5710 French Ave., Sykesville, MD Graham A. Horner son 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State Green Mount Crematory 2/5/96 Baltimore, MD 4 Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility CAFA Stephen D. Lohrmann P.A. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Applications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, 21286 Approximate interval Between Onset and Death **Physician** immediate Cause (Final disaasa or condition resulting in death) /Medical Congestive Heart Failure 6 days **Examiner** Due to (or es a consequence of): Examiner Acute Myocardial infarction physician and the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Atherosclerotic Coronary Heart Physician/Medical Dua to (or as a consequence of): Disease vears 98 use e Po signed by the a PO Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ Unknown Sepsis Records. á 24b. Wara autopsy findings available prior to completion of cause of death? Completed Disseminated intravascular coagulation 24a. Was an autopsy hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was cese referred to medical examinar? Be 28. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yas 2 No 2 1 Tinpatient 2 ER/Outpatient 3 DOA this funeral 27 Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred ve Hospital or Attending Pin 24 hours after death. Certification: After 1 Naturai 5 Pending investigation 1 Yas 2 No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 3 ☐ Suicida Place of Injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 - Homicide 29a. Certifier 1 🚰 Centifying Physicien: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and menner as stated. Medical pletely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the I within 2 To the F 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) D01663 2/3/96 ele 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8 Anchor St., Westminister, MD Vincent Fiocco Jr J. 21157 31. Date filed (Month, Day, Year) FEB 0 5 1996 32. Registrar Signature Registrar

**DHMH 16 Rev 6/95** 



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quires that the death certincate be executed within 24 nouts after death. Page 6 may be retained by the hospital of all	n signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use I Health and Mental Hygiene prior to burial, cremation, or removal.	
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Sign	9	
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2	96	lows any injury, or other traumatic event, the medical examiner must be notified at once.
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ate	n signed by the attending physician and completely filled in by the 1 f Health and Mental Hygiene prior to bunal, cremation, or removal.	=
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND ME	NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2.	DATE OF DEATH	3. TIME OF DEATH
,	Rebecca Hay	LON		MONTH & DAY	996 7:02 PH
	4. SOCIAL SECURITY NUMBER		IF UNDER 1 YEAR  IF UNDER 24 HRS. 7.	DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
	DIO DO ALDO	M 2 OF 84 YRS.	MONTHS DAYS HOURS MIN.	Tarch 5,1911	Virainia
	99. FACILITY NAME (If not institution, give street in	and number)	96. CITY, TOWN OR LOCATION OF DEATH	9c. COU	NTY OF DEATH
DIRECTOR	Sinai Hosp	Ital	Baltimore	ע	N/A
5	10a. STATE 10b. COUNTY	l	r, TOWN OR LOCATION		10d. INSIDE CITY
Ĕ	Mary	/A	30/4100000		LIMITS?
	100. STREET AND NUMBER		101. ZIP CODE	I as an	1 YES 2 NO
Y	2705 Clarke	Lana Apt.	21215	, log. Cri	IZEN OF WHAT COUNTRY?
FUNERAL	11, MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. APMED	13. WAS DECENDENT OF HISPANIC	OBIGINA (Casally Van as No	14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2 NO	If yes, specify Cyben, Maxican, P.		Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify:		Afro-American
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION	166. KIND OF BUSINESS/IN	
ETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	pleted) (Give kind of ville, Do NOT us	vork done during most of working e retired.)	0. 1	.1
릴	10	O Cat	erer	Privat	e Home
COMPL	17. FATHER'S NAME (First, Middle, Last)	1	16. MOTHER'S NAME	(First, Middle, Maiden Surname)	11 11
BE	Itagar Stub	ibs	Susie	Cosby S	stubbs
0	19a. INFORMANT'S NAME (Type/Print)	196. MAILING	ADDRESS (Street and Number or Rural Rout	Number, City or Town State, Z	(p Coole)
-	Elsie Smith	13/05	ClarksLan	e Balt	0. Md. 21215
	20s METHOD OF DISPOSITION 1 M Burlet 2 Cremellon 3 Removal	from State 20b-PLACE AND DATE (			City or Town State
	4 Donation 6 Other (Specify)	Dalto.	National 9	18/96 Balt	0. 1410.
	21, SIGNATURE OF FUNERAL SERVICE USENS		JOSED A R	uss Fune	ral Home
	ANICH	A. TUSA	2222 W Nort	h Ave. Bal	to. Md. 2/2/6
$\neg$	23. PART Enter the diseas, or com	plications that caused the death. Do r	ol enter the mode of dylon such a	s cardiac or respiratory a	rresi, Approximata
	I shock or healt fellure List	noly one cause on each line	tor other the mode of dying, such a	- caraca or respiratory a	
	/shock, or heart fellure. List IMMEDIATE CAUSE (Final	only one cause on each line.	to the the mode of dying, each e		Interval Batween Onset and Death
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	Physici /Medic		FRANCES Lyr	n HELG	SASON			FEBRUAL		
	Examir		4a. Facility Nama (If not Institution, giv	a street and number)			4b. City, Town, or L	ocation of Death	4c. County of De	eath
			Greater Balti				Towson	_	Baltin	
	Funeral Director		213-30-6//1	DM aCYE	(In yrs. last birt	hday) If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day May 9, 1	9. B 1940 M	irthplaca (Stata or Foreign Country) aryland
	Pue * =		Usual Rasidance of Decedant  10a. Stata 10b. County	1	Oc. City, Town	or Location				10d. inside City Limits
	with the Marylen a or 28a-f show	to	Maryland N/	^	Dal+i	more . City				1 X Yas 2 No
	r 28a	Director	10e. Street and Number	n	Dalti	10f. Zip Coda		1	log. Citizen of What (	Country?
	th wit		311 East Lake A	ve.		21212			U.S.	Α.
	dee F	Funeral	11. Marital Status	12. Was Decedant Ev Armed Forcas?	ar in U,S.	13. Was Decedant of I	Hispanic Origin? (Sp	ecify Yas or No-	14. Raca - An Black, Wi	narican indian,
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	the de	ysic	Part It. Other significant conditions of	entributing to death but r	not rasulting in	tha undarlying causa gi	van in Part i.	23b. Did to	obacco use contribu	te to the cause of death?
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DIVISION	or Al	Certification:	4 ☐ Homicida datarmined	building, etc. (	- At homa, far 'Specify)	m, streat, factory, offica		City or Town	treet and Number or n, State)	Hurai Houta Number,
-	spital sours neral filled		29a. Certifiar 1 Certifying Ph	vsician: To the best of n	ny knowledga.	daath occurred at tha ti	ma. data and place.	and dua to the c	ause(s) and menner	as stated.
	To the Hospital or Attending Physician: To the Funeral Director. Aftar this certific completely filled in by the funeral director,	edical	(Check only one) 2 Medicat Exam	Iner: On the besis of an and mannar state	camination and	or invastigation, in my	opinion, daath occur	red at tha tima, d	eta and place, and d	ua to tha causa(s)
	To the Comp	ž	29b. Signature and title of certifier	V. /.		29c Licens	sa number	2	9d. Data signed (Mo	nth, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremative	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 751/4 Donald 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 58 3-32-4646 1 M 2 F 59 YRS. 1-31-3 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY marylang n/a BALTIMORE 1 VES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 elle 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian. Black, White, etc. If yes, specify Cubas, Maxican, Puerto Rican, etc.)

1 YES 2 AD Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Married ВУ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR Elementary/Secondary (0-12) College (1-4 or 5+) PAINT **TESTER** OUALITY CONTROL 11 TH 17. FATHER'S NAME (First, Middle, Lest)
WALTER HENSON 18. MOTHER'S NAME (First, Middle, Maiden Surname) MABEL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRIDGEVIEW RD., BALTIMORE, MD VONDELAYO HENSON 516 21225 20a. METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Surial 2 Cremation
 Donation 5 Other (Specify) MT. ZION CEMETERY LANSDOWNE.MD 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Karen WM. C. MARCH FH.-1101 E. NORTH m. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between ahock, or heart failure. List only one cause on each ilne. Onset and Death IMMEDIATE CAUSE (Final disease or condition utistahe unhuran resulting in death) (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 1 YES 2 NO COMPLETION OF CAUSE DF DEATH? FIVE 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, tarm, street, tectory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1/3/196

DHMH-18 Rev 1/89



FEB 0 5 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr

32. REGISTRAR'S SIGNATURE

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	I for use as the burial-transit permit. Pages 1, 2, 3 should		
	IDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be do	have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
1	E.	ğ	item 28

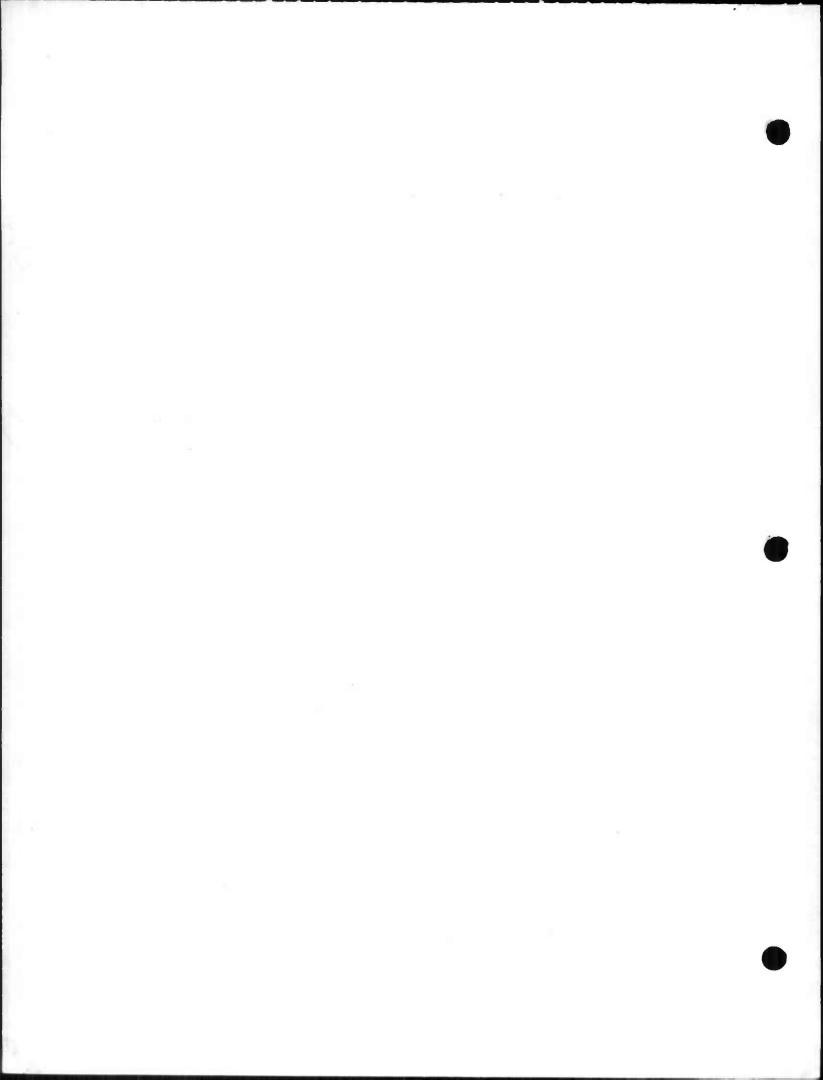
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRURY YEAR Blanche Hobson 5:32 AM 1996 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 220-22-1574 76 YRS. April 5 Country) 1 - M 2 X F N. CAROLINA 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins Bayriou Medical Center Bathmare DIRECTOR n/a RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS? MD n/a 1 XXYES 2 NO 104, STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? united states 1608 BROADWAY 212 Ν. 05 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 X Yidowed 4 Divorced black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) QUALITY INN HOUSEKEEPING 8 18. MOTHER'S NAME (First, Middle, Malden S. LUCY MUMFORD 17. FATHER'S NAME (First, Middle, Last) RAYMOND DAVIS BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Pural Pouts Number City of Town State 76 Code) 0 HOBSON CARVILLE G. 20a METHOD OF DISPOSITION
1XXBuriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State DATE "BAL TIMORE" C"EMETERY 2-5-96 BALTIMORE, MD 4 Donation 8 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE. \* Karen M. Korger WM. C. MARCH FH.-11U1 E. NUK

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, Karen Approximats ahock, or heart fellure. List only one ceuse on each line. Interval Bstweet IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) Obstruction Bowe CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 00 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only bne) EXAMINER? NOSPITAL:
1 Inpetiant 2 ER/Outpetient 3 DOA OTHER 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 1 Natural 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? INJURY 5 Pending M 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 Homicide 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 4 🗆 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 296/SIGNATURE AND TITLE DE CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month Day Year) RESIDENT94023 > Frannon evy 1,1996 Februry 2 2 3 ₹ 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB 0 5 1996

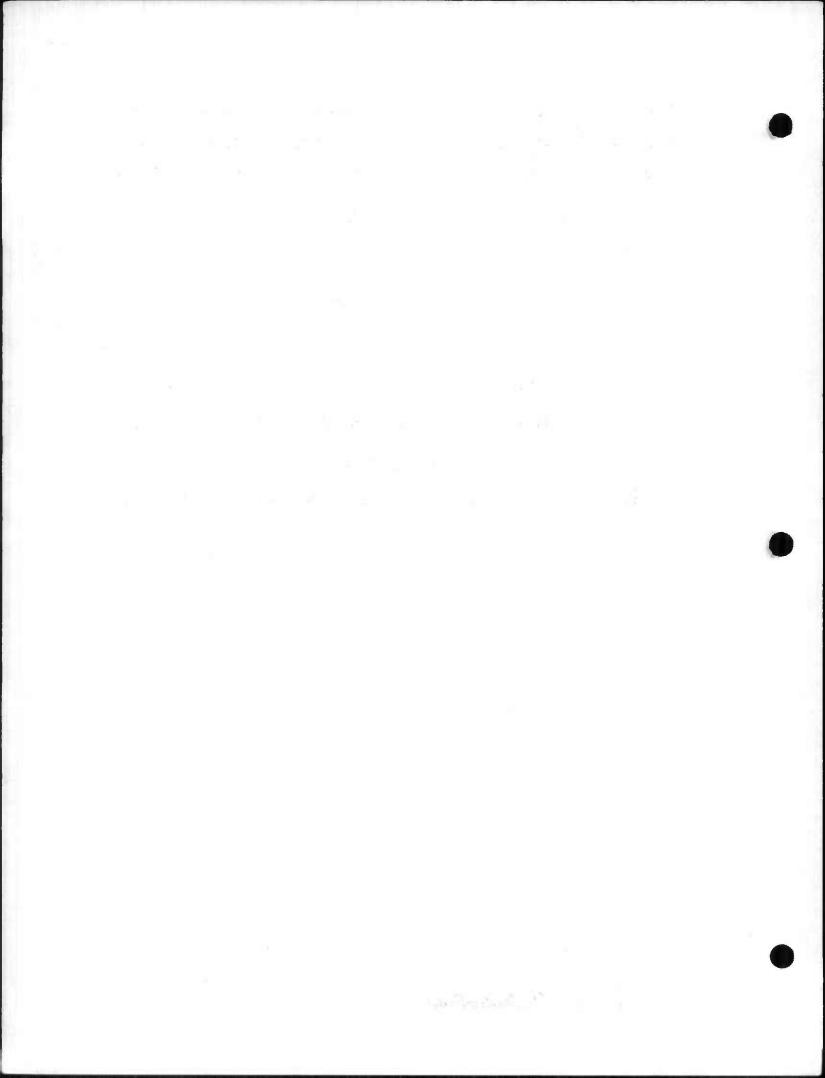
Kevin Shannon, Johns Hopkins Bayevicer Medial Center

SA REGISTRAR'S GNATURE



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2743 State of Maryland / Department of Health and Mental Hydiene

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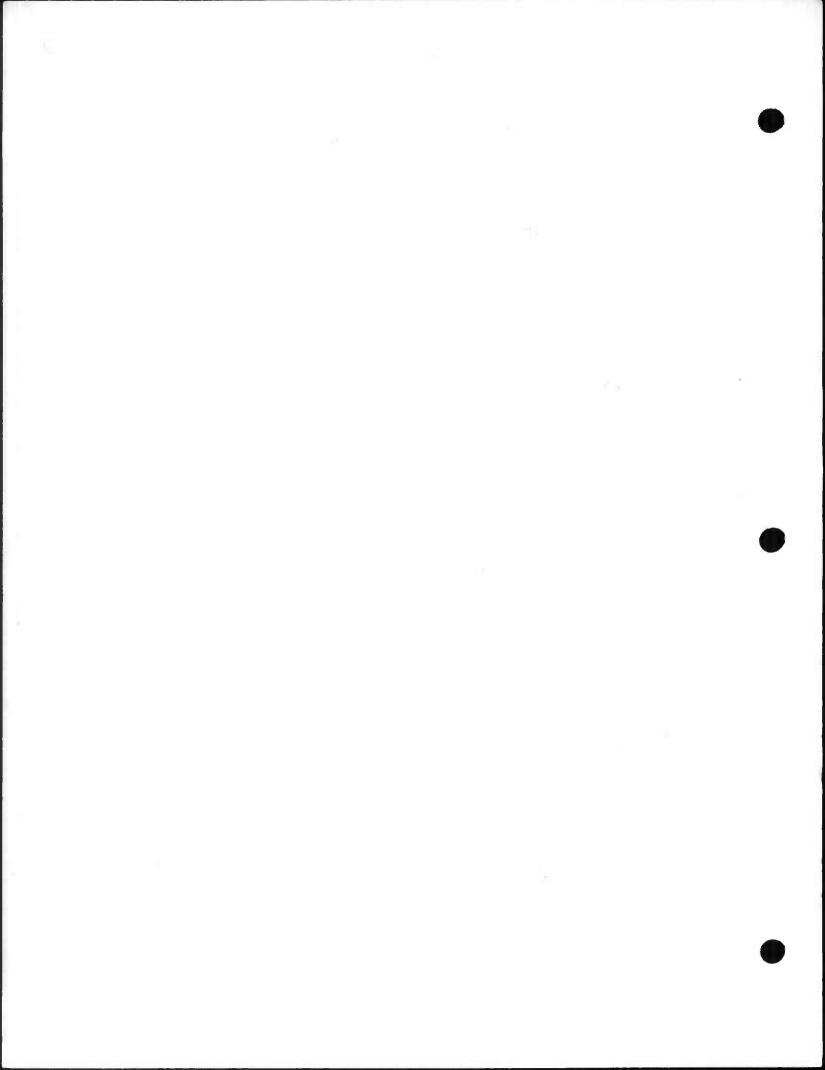
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Tabe V. Karq January 1996 10:30 A.M /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 82 Wil-O-Brook Drive Pasadena Anne Arundel 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** 1□M 2∰F Days 089 01 3703 85 Yrs. Director Jan. 4, 1911 Michigan Usuei Residence of Decedent the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Anne Arundel Pasadena 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 82 Will-O-Brook Drive 21122 U.S. death 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - Amarlcan Indian, Bleck, White, etc. 11. Marital Stetus Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Giva Yeer or Detes: Saltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Š Specify: 3 Widowed 4 X Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within: Department of Health and Mental Hygiere. Important: If Item 27 is marked other than "rany injury or other traumatic event, the Med Elementary/Secondery (0-12) College (1-4or 5+) Sales Person 12 +Food Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) 8 William J. Vesey Anna D. Hotchkiss 2 19a. intorment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Karq 82 Will-O-Brook Drive Pasadena, Maryland 21122 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, Steta 1 ☐ Buriel 2 ☑ Cremation 3 ☐ Removel from Steta Metro Crematory, Inc. 1/31/96 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura-of Funeral Service Licenses 22. Name end Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 plications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, one cause on each line. 23a Part1. Enter the disease, or of shock, or heart failure. Left of **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) Examiner Due to (or es e consequence of) iclan and burist-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in deeth) Lest Due to (or es e consequence ot): physician a Box 68760, Physician/Medical Due to (or es a consequence of): Part il. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Pert I. Division of Vital Records, P.O. the 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wera autopsy tindings evallable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peen certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical examiner? Be 26. Placa of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28e. Dete of Injury (Month, Day Year) Certification: 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Affar 1 Natural 5 Pending Investigetion r death. 1 Yes 2 No 2 Accident 3 Sulcida 6 Could not be determined 28f. Location (Straet and Number or Rural Routa Number, City or Town, State) 28e. Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) 29b. Signature and title of certifier ot person who completed cause of deeth (1994, 23a) (Type, Print) (Month, Day, Year) Registrer's Signeture State

Registrar

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND N	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DE						
	JOHN PO	OUE LO	CHAR	HARY			January 31 1996			
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)		HPLACE (State or Foreign		
		X M 2 □ F   82	YRS.	DATS	HOURS MIN.	7-7-191		aryland		
~	90. FACILITY NAME (If not institution, give stree	Control of the said.		-	R LOCATION OF DE	ATN	9c. COUNTY OF	DEATH		
DIRECTOR	MAJON MEMD	16 TAL HOS	PITAL	BALTI	MORE	CITY	N/A			
EC	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY		
5	Maryland Baltim	ore	_   .	Timoni	ım			LIMITS?		
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	10 Chapel Co	urt			21093		U.S	.A.		
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. RAC	E - American Indian,		
BY	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res X		2 NO Specify:		Spec			
	15. DECEDENT'S EDUCAT	ION T	16a. DECEDENT'S US	IAL OCCUPATION	NA.	145 KIND OF BUI	1			
	(Specify only highest grade cor	mpleted)	(Give kind of work life. Do NOT use re	done during mo	st of working	166. KIND OF BU	SINESS/INDUSTRY			
3	10	College (1-4 or 5+)	Building			Propert	ty Consti	ruction Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTNER'S NAM	AE (First, Middle, Meiden	Sumame)			
BE	Frederick	S. Lock	nary	_	Clar	a	Poole			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural R	oute Number, City or Tow	n, State, Zip Code)			
F	Frances C. Lochar	У	Same 2	As #10						
	20a. METHOD OF DISPOSITION  SET Burlel 2 Cremation 3 Ramova  4 Donation 5 Other (Specify)	I from State 20b.1	PLACE AND DATE OF D		me of	OATE 20c. LO	CATION — City or T	own, State		
			elair Memo	orial (	ards. 2-	3-96 Be	lair, Mar	yland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN				TOWCOD F	uneral Hon	no Tra			
	· Wallace S	-Brooss	21.	1050	York Roa	d, Towson,	. Md. 212	204		
	23. PART I. Enter the diseases, or com ahock, or heart feliure. Lie	nplications that caused	the death. Do not	entar the mo	da of dying, such	as cardiac or respi	ratory arrest,	Approximata		
	IMMEDIATE CAUSE (Final	t only one cause on eat	oit mig.					Interval Between Onset and Death		
	disease or condition resulting in death)	SEPSIS						48 hrs.		
143			CONSEQUENCE OF):					10.1		
NO	Sequentially list conditions, b		MONIA .					10 days		
E	If any, leading to immediate cause. Enter UNDERLYING  CAUSE: Disease or Injury.  CEREBROCEREBELLAR DEGENERATION WITH									
필	CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF):	.0000	,	DEM	ENTIA.	8 415		
CERTIFICATION	resulting in death) LAST	HYPERT	TENSIVE	ARTER	COSCLERO	OTIC CV	D	104rs		
	PART II. Other elegibles contributing to death but not require to the underlying to the contribution to death but not require to the underlying to the contribution to the underlying to the contribution to the underlying to the u									
CAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE									
						1 YES 2	NO	OF DEATH?		
Σ.	DID TOBACCO USE CONTRIB	SUITE TO CAUSE OF	DEATH VES		/ LINICEDTAIN			1 TYES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH (		UNCERIAIN					
Sic		OSPITAL:		THER:	5 Residence 8	1 Other (Snecthy)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	JRY AT	28d. OESCRIBE NOW II	NJURY OCCUREO			
ВУ	1 X Natural 5 Pending 2 Accident Investigation	(MONIII, Day, Idai)	INSORT		RK? ES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Specify	At home, larm, stree	t, factory, office		261. LOCATION (Street & City or Town, State)	and Number or Rural	Route Number,		
	4 Nomicide determined	77,000				ony or rown, orang				
P.	29a. CERTIFIER 1 CERTIFYING PNYSICIAL	N: To the best of my knowled	dge, death occurred st	the time, date	and place, and due t	o the cause(e) and man	nner ee stated.			
COMPLETED	000) 2 MEDICAL EXAMINER: C							s) end manner es stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	/			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)		
0	The said	MD	PGY III		P080	49	<b>&gt;</b> 1/	31/96		
- 1	30. NAME AND ADDRESS OF PERSON WHO C	10					. ~			
	201. E UNIV.	PKWAY		MOR	E MI	212	.18.			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT								
	FEB 0 5 1996	- Devolver Real						DHM 18 Ray 1/80		



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State of Maryland / Department of Health and Mental Hygiene 9 6 0 2 7 4

					Cen	tificate of	Death	Re	g. No.	02	140		
Disco		1. Decedent's Name (First, Mi	ddle, Last)					2. Date of Death	_		Time of Death		
	sician edical	TIT TO A NICE OF THE I	MCELWEE					February		996 ;	10:40 P.		
	miner	4e. Fecility Name (If not institu		umber)			4b. City, Town, or I	ocation of Death	4c. County	of Death			
		Stella Maris				William Alv	Towso			Baltimo			
Funer Direct		5. Sociel Security Number  098 18 6393  Usuei Residence of Decedent	6. Sex 1 ☐ M 👰 F	7. Age (In yrs. la:	st birthday) Yrs.	Months Deys	if Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day, Jan. 24		9. Birthplace Country) New You	(State or Foreign		
Marylend a-f show	tor	10a. State Maryland B	altimore	10c. City,	Town or Loc		altimore				nside City Limits		
th with the 23s or 28	Funeral Director	10e. Street and Number 38 B Cool Br	10f. Zip Code	21220	10		What Country?	es					
5-0020 72 hours efter death with the Maryland netural;, or items 23a or 28a-f show	by Funer	3 □ Widowed 4 □ Divore	Armed F arried 1 ☐ Yes if Yes G	2 XNo ive		/as Decedent of H Yes, specify Cub ☐ Yes 2 XNo	dispenic Origin? (S an, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		ce - American Inck, White, etc.			
72 hours natural,	a to	15. Decad	lent's Education hest grade completed	)	16a. Decede	ent's Usual Occup	petion during most of wor	kina 1	6b. Kind of B	usiness/Industr	y		
d within giene.	Completed	Eiementary/Secondery (0-1:	College (	(1-4or 5+)	life. D	O NOT use retire	NOT use retired) Book Keeper			ing Com	pany		
Maryland A  d 2 should be filed th end Mental Hygie 7 Is marked other traumatic event, th	8	17. Father's Name (First, Midd	le, Last)				18. Mother's Name (First, Mid			11 pt 1 = 12 bt 1 = 12 bt 1 = 1			
d 2 should by an A should by the end Menta? Is marked traumatic ex	F	Fred		Goldsmi			Agusta				own		
		19a. Informant's Neme/Reletic					end Number or Ru		,		(e)		
		George W. McE	Twee	20h Pla		OOL Bree	eze Dr.,	, Baltimore, MD 21220  Dete 20c. Location - City or Town, Stete					
Deartification of the moortant: If them 2 mportant: If them 2 my Injury or other		1 ☐ Buriai 2 X Crematic		State	netery, crem	atory or other ple	1						
it. P. intme intent injury	4	4 Donetion 5 Other		Gree		nt Crema		5/96		Baltimo	re, MD		
permit. Pege Department of Important: If eny Injury or	once	SALV	4				nen D. Lo	hrmann P	.A.				
Physicia /Medica Examine	al er	Immediate Couse (Final disease or condition resulting in death)	a. Bo	ein Me	lasta es e consequ	asis,	Ó	tor respiretory erre		Ons	roximete rval Between let end Death Weeks		
and Il-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	6. —	Due to (or e	es a consequ	renca of);							
certificate be executed ding physician and use as the burial-transit	2												
at at o	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert L  23b. Did tobacco use contribute to the cause of death									neuro of death 2		
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requir been si should	Completed			$\wedge$				24s. Was an perform		avaliabi	utopey findings e prior to lion of cause		
The lav	E							1□ Ye	2000	1 □ Yes	2016		
	Be	25. Was case referred to med	cal				26. Place of Dea	th (Check only one	, ^	10,000	^		
0 0	10 E	1 Yes 2 SNo	Hospital: 1	Inpatient 2 E	R/Outpatient	3□ DOA Off	er: 4□ Nursing H	ome 5 Resider	nos 6X30th	er (Specify) H	ospice		
tending Seath. Tor: After the fune			27. Manner of Death  1 Natural 5 Pending (Month, Day Year)  28b. Time of Injury at Work?  2 Accident Investigation  5 Could not be							28d. Describe how injury accurred			
To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the		1	4 Homicide determined 25e. Palice opiniony: At name, tarm, street, factory, drice building, etc. (Specify)										
ne Hospital n 24 hours ne Funeral pletely filled	edicai	(Check only 2 Medic	al Examiner: On the b	asis of examination	nand/or inve	estigetion, in my	ppinion, death occu	red at the time, da	te and placa,	and due to the	cause(s)		
To the within 2 To the comple	M		fier			29c/Greens	se number 5504		d. Date signe	d (Month, Day,	Year)		
,		30. Name and address of pers	on who completed cau	se of death (Item 2	3a) (Type, P	rint)							
		DR. EDDIE NAKH	UDA 2300	DULANEY	VALLEY	RD. T	OWSON - ME	21204					
5	State	31. Date filed (Month, Dak 1)	10 5 1996 32. F	hypermir's signatu	re 💋		OUPOH! TIT	L1204					

Registrar

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death Dey 9 Month **Physician** 1996 JANUARY 3.07A.M. ALICE OLGA MOORE /Medical 4a. Facility Name (# not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner GOOD SAMARITAN HOSPITAL BALTIMORE BALTIMORE If Undar 1 Yaar | If Undar 24 Hrs. Months | Days | Hours | Min. 5. Social Sacurity Number 6 Sex 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dsy, Year) Birthplece (Stete or Foreign Country) **Funeral** Months 1 M 280 F 81 Yrs Director Aug. 20, 1914 Maryland 212-10-8477 Usual Rasidence of Decedent with the Maryland 10a Stata 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Exacultation and profiled at once. 10b. County 10d. Inside City Limits Maryland Baltimoer Parkville 1 ☐ Yas 2 ☑ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 8710 Emge Road 21234 U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, atc 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: 1 Never Married 2 Merried specify: White 21215-0020 1 ☐ Yes 2 X No Specify: by 3 Widowed 4 DiDivorced Completed Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12th grade Admitting Officer University of Maryland Maryland 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) John Lattik Katie Luzanco 19e. Informant'e Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Eunice Lattik (sister) 5823 N. Hazelwood Avenue-Baltimore, Maryland Baltimore. 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata Dete 1 ☐ Buriel 2 ☐ Crametion 3 ☐ Removel from Stete 4 [XDonetion 5 | Other (Specify) 21. Signature of Funeral Service Licenseed S Wade, Dir. State Anatomy Board-655 W. Baltimore Street like Rm. B026-Baltimore, Maryland 21201-1559 1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, ock, or haer feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician Immediete Ceuse (Finel diseesa or condition resulting in deeth) /Medical RESPIRATORY INSUFFICIENCY MINUTES Examiner Due to (or es e consequence of): Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events rasulting in daath) Lest buriel-tran and Due to (or es e consequença of) Box 68760, physician Physician/Medical the Dua to (or as a consequance of) 80 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. the HYPERTENSION 1/7 Yes 2 No 3 Probably 4 Unknown HUPERTENSION, MENINGIOMA by 8 24b. Were autopsy findings avelleble prior to completion of cause of death? 24a. Was an autopsy performed? Completed ATHEROSCLEROTIC CARDIOVASCULAR DISEASE. page 2 1 ☐ Yes 2 No 1 □ Yes 2 □ No certificate Division of Vital Attending Physician: director Be 25. Wes case referred to medicel examiner? 26. Plece of Deeth (Check only one) Hospitel: 1 Yes 22 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpetient 9☐ DOA this funeral 28e. Date of Injury (Month, Dey Year) Certification: 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident or Attend after death Director: the 6 Could not be datermined 3 Suicida 281. Location (Straat end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 2 4 Homicide filled in within 24 hours a To the Funeral D Hospital 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signetura end title of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 6 D.O. H35593 JAN. 12, 1996

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

5 1996

BALTIMORE, MD. 21221

32. Begistrer's Signature

1124 MACE AVE.,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Adolph Mer				2. DATE JAYU	of DEATH	° 1996	YEAR	9:35 a. M		
	4. SOCIAL SECURITY NUMBER 216-32-7774	6-32-7774 18 M 2 G F 93 YRS. MONTHS DAYS HOURS MIN. NOUT, Day (96) 19(							BIRTHP COUNTRY WLY	LACE (State or Foreign	
FOR	9a. FACILITY NAME (If not institution, give atreet and number)  Charlestown Care Center  9b. CITY, TOWN OR LOCATION OF DEATN  Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland	ATION				1	IOd. INSIDE CITY				
RALD	100. STREET AND NUMBER 709 Maiden Choice	r. zip code 10g. citizei 21228 U.S.					YES 2 NO				
BY FUNERAL	11. MARITAL STATUS  1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	If yes, s	CENDENT OF NISPA pecify Cuben, Maxic S 2 X NO Speci	an, Puerto I	I? (Specify Yes Rican, etc.)		I. RACE - Black,	- American Indian, White, etc. White	
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life, Do NOT us	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.)  16b. KIND OF BUSH					STRY		
MPL	unknown	unknown	unknown	1			ıknown	land.			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N.			,			
BE	John H. Mergeheni 100. INFORMANT'S NAME (Type/Print)	n (wife)	19b. MAILINO	ADDRESS (Street	Elizabe and Number or Rural				ortel	21228	
2	Marquerite Mergeh		1		oice Lan						
	20a. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State										
	21. SIONATURE OF TUNERAL SERVICE LICENSER ON ald S. Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board-655 W. Baltimore Street Rm. B026-Baltimore, Maryland 21201-1559										
	23. PART I. Enter the dieeesea, or shock, or heart failure.	complications that caused List only one cause on e	the deeth. Do n	ot anter tha m	ode of dying, aud	ch as cerc	ilac or reapi	ratory arres	t,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Pulmonary In Section								Onset and Death		
		DUE TO (OR AS A CONSEQUENCE OF):									
0	Sequentially list conditions, If any, leading to immediate  Devolution of the conditions of the condit										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
	PART II. Other algolificant condition	d									
PHYSICIAN: MEDICAL	PERFORMED?								A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEAT		)						
14S	1 YES 2 NO	1   Inpatient 2   ER/Outpetient 3   DOA   Nursing Nome 5   Residence 6   Other (Specify)									
BY PI	1/ Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	M 1	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, a	treet, factory, offi	9	28f. LOC	ATION (Street a or Town, State)	and Number or	Aural Rou	ite Number,	
COMPLETED		ICIAN: To the best of my knowl								manner as stated.	
H	286. SIGNATURE AND TITLE OF CERTIFIE			29s. LICENSE NUM			MBER 291L DATE I		IGNED (N	5. 1993	
2	30. NAME AND ADDRESS OF PERSON WH AND IOW LAZIS	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typo,	Print) Co Larv	2 (910	NS VI	16 6		1009	י, וודי	
	31. DATE FILED (Month, Day, Year) FEB 0 5 1996	32 REGISTRAR'S SIGNA			<u> </u>						

Same and the Bill of the

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2749

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 11:39 P DONTE MCCOY JANUARY 26,1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Undar 1 Yeer | If Undar 24 Hrs. Months | Days | Hours | Min. 6. Sax 1 M 2 ☐ F 8. Deta of Birth (Month, Dey, Year) 01 22 1 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthpiece (Stata or Foreign Country) **Funeral** Days 217-66-5629 Yrs. Director 17 1979 Maryland Usual Residence of Decedant Peges 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural; or items 23a or 28a-f show ury or other traumetic event, the Medical Examinal must be not fied at 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Director N/A Baltimore City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1866 E. Fayette Street 21231 by Funeral USA 12. Wes Decedant Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indien, Bleck, White, etc. 1 Nevar Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 15. Decedent's Education (Specify only highest grada complated) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) College (1-4or 5+) 10 N/A Student N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middle, Meidan Sumema) Be Lawrence McCov Doreen Powell 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Doreen Powell/Mother 1866 E. Fayette St., Baltimore, MD 21231 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 1 Suriel 2 Cremetion 3 Remove from State
4 Donation 5 Other (Specify) permit. Pege Depertment of Important: If any injury or Western Star Cemetery 2/3/96 Catonsville, MD 21. Signature of St 22. Name and Address of Facility Tri-State Funeral Services, Inc. 6234 3rd St., NW Washington, DC 20011 heert failura. List on one ceusa on each line. Approximete Intervei Between Onset and Deeth **Physician** /Medical Immediete Ceusa (Finei CARDIAL FAILURE disaasa or condition resulting in deeth) **Examiner** Due to (or as a consequence of): SEP SIS physician and the buriel-transit The lew requires that the death certificets be asscuted Sequentially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequance of): Division of Vital Records, P.O. Box 68760, Meningo Loccemia Physician/Medicai Due to (or es a consequence of): 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ate hes been signed by the a page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown þ 24b. Ware autopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en autopsy performed? 1 ☐ Yes 2 ☐ No certificate Attending Physician: 25. Was case referred to medical 8 26. Piece of Deeth (Check only one) examiner? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 npatient 2 ER/Outpatient 3 DOA After this 28c. Injury et Work? Certification: 27. Manner of Death 28a. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation Neturel after deeth. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the best of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end mennar stated. 29e, Certifier Medical 29b. Signature and title of certifiar 29d. Dete signed (Month, Dey, Year) 29c. License number M1173 aura a 1- asting 30. Name end eddress of person who completed causa of deeth (Item 23a) (Type, Print) LAURA HASTINGS, MD Johns Hopkins Huspital 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture Jelie Wendenke Registrar

**DHMH 16 Rev 6/95** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

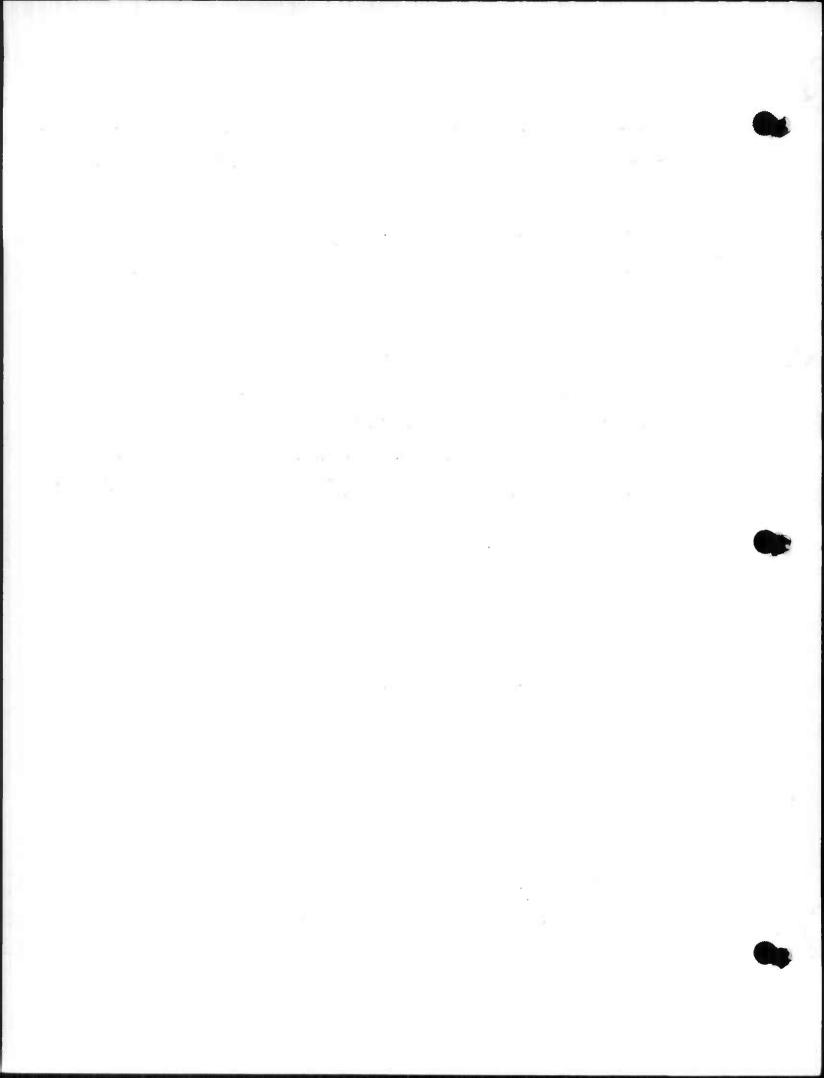
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 t	e	1	LITE	g/32,	2/5/90	ag		
1 -	FO ST	ATE			S	TATE	0F	M

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	MONGAN	HOWARD VICTOR MONGAN			2. DATE OF DEATH MONTH 31	2. DATE OF DEATH DAY 1996 3. TIME OF DI JAN. 31 1996 12:15					
	4. SOCIAL SECURITY NUMBER 216-18-4770		(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) Oct. 12. 1		s. BIRTHPLACE (State or Foreign Country) Maryland				
H	9a. FACILITY NAME (II not institution, give s 7981 St. Monica D)		- 1	96. CITY, TOW Dundal	OR LOCATION OF DE		9c. COUNT	TY OF DEATH				
5	RESIDENCE OF DECEDENT			000000			Ducc	Unorce				
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LO				10d. INSIDE CITY LIMITS?				
	Maryland Balt	imore	D	undalk				1 - YES 2/ NO				
FUNERAL	100. STREET AND NUMBER 7981 St. Monica Di	r isso			21 2 2 2			en of what country? ed States				
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NUS ARMED	12 WAS 0		IIC ORIGIN? (Specify Yes						
	1 🕅 Never Married 2 🗌 Married	FORCES? 1 X YES	2 NO	If yes,	specify Cuben, Mexica	n, Puerto Rican, atc.)	10,110-	14. RACE — American Indian, Black, White, atc.				
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ALES	1 1 4	ES 2 NO Specify	r:		Specify. White				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPA	TION most of working	16b. KIND OF BU	SINESS/INDU	STRY				
PLE	Elementary/Secondary (0-12) 12 YEALS	College (1-4 or 5+)	Supervis			Steel	Conn					
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden						
BE C	Guy Webster Mongai	1			Elsie	C. Ankene	.u					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING /	ADDRESS (Street	t and Number or Rural I	Route Number, City or Tow	n, State, Zip C	Code)				
ř	Ray E. Baer		7982 S	t. Mon	ica Drive	Baltimor	e, Ma	ryland 21222				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State 200	PLACEANDDATEO	DISPOSITION	Name of	DATE 20c. LO	CATION — C	ity or Town, State				
	4 Donation 6 Other (Specify)	CENSEE TI	accop se	ervice Corp. 2/2/96 Towson, Maryland  22. NAME AND ADDRESS OF FACILITY								
	3/CL	10		Duda	-Ruck tun	eral Home	of Du	ndalk, Inc. aryland 21222				
	23. PART I. Enter the diseases, or o	complications that cause	d the deeth. Do no	t enter the r	node of dying, suc	h as cerdiec or resp	Iratory arre	st, Approximate				
	shock, or heert failure.  iMMEDIATE CAUSE (Finel	List only one cause on a	ach line.					interval Between Onset and Death				
	dance as an date											
		DUE TO (OR AS	CONSEQUENCE OF)					2.7763				
NO O	a. MYDRAKINIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING											
IFI	that initiated events	CAUSE (Disease or injury C.										
E	resulting in death) LAST	resulting in death) LAST										
	PART ii. Other significent condition	e contributing to deeth t	out not reaulting in	the underly	ing ceuse given in	Pert I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
EDICAL	NON- ENSULIN	Deprodent	Diabetes	betes Marries			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED						1 _ YES 2	DE NO	OF DEATH?				
2												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)						
YSI	1 TYES 2 NO	1   Inpatient 2   ER/Out	petient 3 DOA	OTHER:	ome 5 KRaaldence	6 Other (Specify)						
H	27. MANNER OF DEATH  1 No Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 26c.	NJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCU	JRED				
BY	1 0 Natural 5 Pending 2 Accident Investigation				M 1 YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide detarmined	reet, fectory, of	fice	28f. LOCATION (Street City or Town, State)	et and Number or Rural Route Number, te)							
	29a. CERTIFIER											
COMPLET	(Check only	CIAN: To the best of my know R: On the basis of examination						d. cause(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF GERTIFIE	3			29c. LICENSE NUI	IBER	29d. DATE	SIGNED (Month) Day, Year)				
3B C	Jon Steven	2. A. no.			1343	136	•	1/31/96				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	4			10110				
	5505 HOPKI		W CIRC	45	BALTIR	LORE M	10	21224				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	OC A OLD II									
- 4	FEB 0 5 1996	Juna wasse	an anadata									



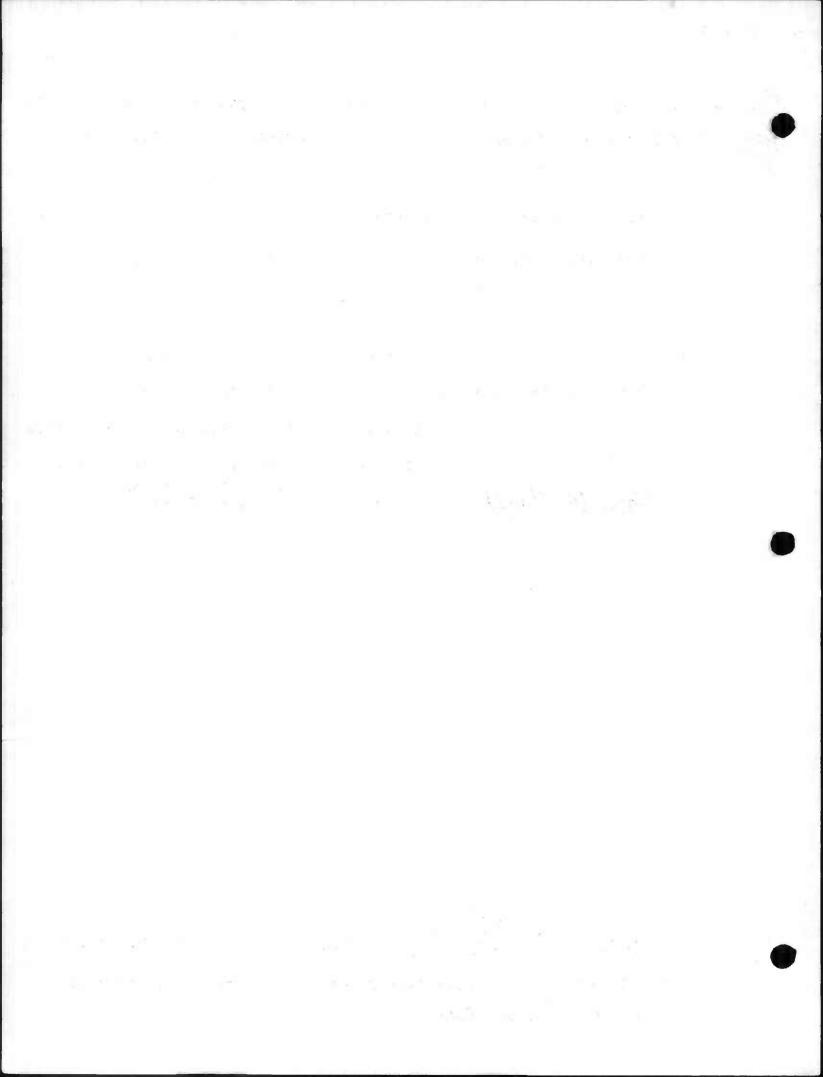


PIE J.		1. Decedent's Name (First, Middle, Last)		Certificate o				3. Time of Death	
Physic /Medi		Zor	zell	MITCHELL		2. Dete of Deeth Month JAN 2	4 <sup>Day</sup> 199	1930	
Exami	ner	4a. Facility Name (If not institution, give: 1920 GOUGH ST.	street and number)		4b. City, Town, or Lo		4c. County of	f Deeth A	
Funeral Director		5. Social Security Number  2.7 - 40 - 696  Usuei Residence of Decedent	7. Age (In yrs.	Ast birthday) If Un r 1 Y Yrs. Months Dey		8. Date of Birth (Month, Dey, SEPT. 16	9. Birthplace (State or Foreign Country)  Any Ano		
Meryland a-f show	ctor	10e. State 10b. County  Navy/aro	10c. Ci	ity, Town or Location BALHIMUE	°C		10d. Inside City Limite		
ath with the Me 23s or 28s-f	rai Director	1920 Gug	l Street	10f. Zio Code			g. Citizen of W	nat Country?	
within 72 hours after death with the Meryland ene. than "netural", or items 23a or 28s-f show re Mexical Exeminer must be notified at	by Funeral	11. Maritel Stetus  Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 22 No If Yes, Give Yeer or Dates;	J,S. 13. Wes Decedent of If Yes, specify Ci	f Hispenic Origin? (Spuben, Mexican, Puerto o Specify:	ecify Yes or No- Rican, etc.)		- American Indian, , White, etc. Black	
s 1 and 2 should be filed within 72 h f Heelth end Mental Hygiene. Item 27 is marked other than "natur other traumatic event, tra Medical	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	cation completed) College (1-4or 5+)	upation le during most of work red)	ing	6b. Kind of Bus	S RUBBEN		
2 should be filed with end Mental Hygiene. Is marked other than aumatic event, Ire M	To Be Co	17. Father's Name (First, Middle, Last)	HEHE!		e (First, Middle, M	aiden Sumame	AT		
and 2 should be file selth end Mental Hy n 27 is marked othw	F	19a. Mormant's Name/Ralationship (Ty.	pe, Print) 19b. Malling Address (Street and Number			Rural Routa Number, City or Town, State, Zip Code)  ROHiman M. 2120 6			
permit. Peges 1 and 2 Department of Heelth Important: If Item 27 I any Injury or other tre once.		20a. Method of Disposition  **Disposition   1		Place of Disposition (Nama of cemetery, crematory or other p	ne tery	Date 2 -3/-94	Oc. Location - C	City or Town, State  OCCFE, Rd	
Depart Import any in		21. Signeture of Funeral Service Consu		22. Name and Add	ress of Fecility	5240 F.H. BA	PEISTE	, Red 2121	
Physician /Medical		23a. Pert Enter the disease, or complishock, or heart feiture. List only or Immediate Cause (Final				or respiratory erre	st,	Approximate Interval Between Onset end Deeth	
Examiner	Jec	disease or condition resulting in deeth)		Force Injourne of):	uries			145	
be executed sclan and burist-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Due to (c	or as a consequence of):					
death certificate be e attending physici ed for use as the bu		Cause (Disease or Injury that initiated events resulting in death) Last	Due to (c						
that the ed by th detach	by Physician/Medic	Pert II. Other significant conditions con	tributing to death but not res	sulting In the underlying causa	given in Part I.	23b. Did tob	1	ributs to the cause of death	
e law requires has been sign ge 2 should be	Completed b					24e. Was an perform	autopsy ed?	24b. Were autopsy findings available prior to completion of cause of death?	
F age	e Cor	25. Wes case referred to medical				1XVe		1 Yes 2□ No	
Physician: this certific ral director,	To B	examiner?	ospitel:	DER/Outpetient 3□ DOA	Wher	h <i>(Check only</i> one me 5 ፟፟X Resider		(Specify)	
ing Ph. After thi funeral	Certification: 1	27. Manner of Death  1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. Data of Injury (Month) Day Year) Fe Line 1 - 24 - 96	Injury at Work?  1 Yes 2 No Subject beaten			ten		
Hospital or Attendent hours efter death cuneral Director:		4 Homloide datemined datemined building, etc. (Specify)  Home datemined datemined building, etc. (Specify)  Home 288. Place of Injury - At home, tarm, street, fectory, office City or Town, State) 1920 Gorgh St						Bough Street	
田太安	edicai		er: On the basis of examina and menner stated.	ation and/or investigetion, in my	opinion, death occur	ed at the time, de	te and place, a	nd due to the cause(s)	
To the	Σ	29b. Signeture and title of certifier	Markens		.N.E		-	(Month, Dey, Year) 25, 1996	
1.		allenn 1	- COUNTE ME	n 23a) (Type, Print) 111 Penn					

State Registrar

FEB 0 5 1996

and French Sc. American



#### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Veer NUGENT February 1, 1996 am /Medical 6:06 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Baltimore Baltimore County if Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) Birthplace (Stata or Foreign Country) 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) **Funeral** Months Days 1 1 M 2 □ F 220 30 4583 Yrs. Director 60 Maryland Usuai Rasidance of Decedent permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiere. Important: if frem 27 is marked other then "natural", or frems 23s not not any injury or other traumatic event. Its manual pages. 10a Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Anne Arundel 1 ☐ Yes 2 No Director Pasadena 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 8572 Main Avenue 21122 U.S. Funeral 12. Wes Decedant Evar in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Reca - Amarican Indien, Biack, White, etc. 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Detes: 1 Never Merried 200 Married 1 ☐ Yas 2 X No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) **Planner** Westinghouse 12th 17. Fsther's Nama (First, Middla, Last) 18. Mothar's Nema (First, Middla, Maidan Sumema) Be Mary E. Kunedinst Arthur Nugent To 19s. Informant's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carole Nugent 8572 Main Avenue Pasadena, Maryland 21122 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremetion 3 ☐ Removei from State 2/3/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery 21. Signeture of Funeral Service License 22. Neme end Addrass of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat end Death **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner Gespital or Attending Physician: The lew requires that the death certificate be executed a pours after death. Sequentially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Disease or Injury that Initiated events resulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attending physiclan for use as the buria Physician/Medical Dua to (or as e consequanca of): signed by the atte d be deteched for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of causa of death? Deed has 1 ☐ Yes 2 PTNO 1 □ Yas 2 □ No certificate Be 25. Was casa refarred to medical examiner? 26. Placa of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 X Yes 2 No 1 X Inpatiant 2 ER/Outpatient 3 DOA After this funeral 28c. Injury at Work? Certification: 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 5 Panding invastigation 1 PNatural 24 bours after death. Funeral Director: A 1 Yas 2 No 2 Accident In by the 3 Suicide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide filled edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier and mannar stated. 29c. License number 29b. Signeture end title of contiller 0 30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) ha xxe//// 185 32. Registrar's Signature State als d'encloor levelet

Registrar

•	Physici /Medio Examir	an cal ier
۱	Funeral Director	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with tha Maryland Department of Haelth and Mental Hyglena. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, in a Minish Examinal must be notified at once.	To Be Completed by Funeral Director

			1. Decedent's Neme (First, Middle,	Last)							2. Dete of D	eath		3. Time of Death
	Physic		William J.	Newmon						,	Month Februa	ary 3,	Yeer 1996	7:30 AM
	/Medi Examir		4e. Facility Neme (If not institution,	give street end number	or)			4	4b. City, To		ocation of Dea	-		7.30 111
7	Exami		7200 Stratto	n Wav				1	N/A			Bali	imo	re
_	Funeral			8. Sex 7. /	Age (In yrs. I	est birthde	y) If Under 1	Yeer	If Under		8. Dete of Bi (Month, D			lece (Stete or Foreign
	Director		224-12-0304 Usual Residence of Decedent	¹Ä M 2□F	76	Yrs.	Months	Deys	Hours	Min.	Apr 2	2,1919		rgia
	land		10a. State 10b. County		10c. City	, Town or	Location						1	0d. Inside City Limits
	Sa-f sh	Director		imore	N/A	Α								1 ☐ Yes 2 🕅 No
	19 th	Ö	10e. Street and Number				10f. Zip C					10g. Citizen of \		itry?
	23°		7200 Stratto	n Way			2	122	24			USA	A	
20	should be filed within 72 hours after death with the Maryland nd Mental Hygiena. The marked other than "natural", or items 23s or 28s-f show imatic event, the Medical Exemine must be notified at	by Funeral	11. Marital Stetus  1 □ Never Merried 2 ☒ Merrie  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Force d 1 ☐ Yes 2 If Yes, Give Yeer or Deter	s? ]No	S. 13	3. Was Decede If Yes, specif	y Cube	en, Mexica	n, Puerto	ecify Yes or N Rican, etc.)		e - Americ ck, White,	etc.
Ş	thou it		15. Decedent's			16a Dec	ædent's Usuei	Occur	etion			16b. Kind of B		ite
21215-0020	in 72	Completed	(Specify only highest	grade completed)		(Gh	e kind of work DO NOT use	done o	during mos	t of work	ing	TOO. KING OF D	2311033/1110	Justry
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ä	id be ked i	ToB	Unknown						Ali	ce	Calho	un		
Maryland		-	19a. informant's Neme/Reletionsh	lp (Type, Print)		19b. Ma	iling Addrass (	Street				ber, City or Town,	Stete, Zip	Code)
-	and 2 saith ar n 27 is		Ann Newmon /	wife		720	00 Str	att	ton 1	Way	Balt	imore,	Md :	21224
<u>o</u>	of Hac		20e. Method of Disposition		0.0	ece of Dis	position (Neme remetory or oth	of			Dete	20c. Location -		
Ē			1 M Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spi	3 □Removei from State	e		wn Cer		*	2	6/96	Balti	more	БМ
Baltimore,	permit. Page Department Important: If any Injury of		21. Signature of Funeral Service L		Ou	7.	22. Neme end				0/30	Daici	MOLE	, Flu
ñ	Ded Charles		anthony Co	lt Cons	rell	4	7110	So	ller	s P	oint E	ne of D		lk
			23a. Pett1. Enter the disease, or conshock, or heert feiture. List o	omplications thet caus	ed the deeth line.	Do not e	nter the mode	of dyin	ng, such es	cardiac	or respiretory	errest,		Approximete Intervai Between
١	Physician				- 1	J			f					Onset end Deeth
d	/Medical Examiner		Immediate Causa (Final disease or condition resulting in deeth)	e. M.	40 car	dia	equence of):	ofa	nette	n			1	2 hours 5 years 5 years
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	ted nsit	F		<b>b</b>	oro	nar	y ar	Yer	4	915	ease	2	/	s years
	be executed sician and burial-transit	xar	Sequentially list conditions, if eny, leeding to immediate						/					
3	be	ie.	cause. Enter Underlying Cause (Diseese or injury that initiated events	c. <b>X</b>	ypei	rten	slan						1	syears
200	क रेन	edic	resulting in death) Lest		Due to (or	es e cons	equenca of):						i	
20x 68/60	ath certificate	lan/Medical Examiner		d										
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2	the de	by Physic	Pert II. Other significant condition					_		I.				the cause of death?
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Hecords,	requires that the de been signed by the should be detached			1	9		/					s en eutopsy	24b. We	ere autopsy findings
္ပ	law rec as bee	Completed									peri	ormed?	CO	eilable prior to mpietion of cause deeth?
Ĕ	a - 6	E C									40	Vac office		
Vital	delan: The	C	25. Was case referred to madical						nc Dise	and Daniel		Yes 20 No	11	Yes 2□ No
		0 0	exeminer?	Hospitel:	tiont 201	ER/Outpati	ent 3 DOA	Oth	OF!		h (Check only	idance 8 DOth	as /Canalh	a)
ō	를 표 된		27. Mennar of Deeth	28a, Dete of In	iury	28b. Time		: Injun				how injury occur		//
DINISION	Attending For death.  cotor: After by the funer	ertification:	1 Neturel 5 Pending 2 Accident investigs 3 Suicide 6 Could no		Dey Year)	Injury	М		k? Yes 2□	No				
2	in Die	Certifi	4 Homicida determin	ed 286. Placa of I	njury - At hoi atc. <i>(Specify</i> )	me, fam, s	straat, factory,	office				(Streat and Numb wn, Steta)	er or Rura	l Route Number,
	hospital hours funeral	edical	29a. Certifier 1 Certifying 2 Madical Expone)	Physician: To the bas kaminer: On the basis end menner:	of examinati	viedge, dae ion and/or	eth occurred at Investigation, In	tha tin	na, data en pinion, das	d piece, ith occurr	end due to the ed at tha tima	causa(s) and me date and placa,	innar as st end due to	ated. the cause(s)
	omp dun	Me	29b. Signeture end title of certifiar					lcens	e number			29d. Dete signe	d (Manth,	Dey, Year)
	5		Berda	a wal	al.	m		Z	34	20 8	<b>Y</b>	3/5	-191	/
	1	1	, Julia	4		1 11.	1/		-/6	~ 0		OLI 3	116	2

Linda A. Walsh, M.D. 1012 Old North Point Rd Baltimore, Md

State Registrar

30. Name end eddress of person who completed cause of death (item 23e) (Type, Print)

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		С	ERTIF		F DEATH		REG. NO	).				
1. DECEDENT'S NAME (First, Middle, Last		-		0 4 1 1		2./DATE OF		DAY	YEAR	3. TIME OF DEATH		
+BEDERIC	K J. KU	LFF	Sr.			PANVA		-8	1996	328 P		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. in	st birthday)	IF UNDER 1 YEAR		7. DATE OF (Month, D			8. BIRTI Count	IPLACE (State or Foreign		
220-36-5119	1 🔀 M 2 🗆 F	56	YRS.	MONTHS DAYS	HOURS MIN.	Oct 2	3, 1	939		land		
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCATION OF	DEATH		90. 90	OUNTY OF DEATH			
Northwest Hospit	al Center			Rai	ndallstow	vn.		10	PALTIMORE			
10a. STATE 10b. COUN	TY	-11	10c. CITY	r, TOWN OR LO	CATION				10d. INSIDE CITY			
Maryland Balt	imore		W	oodlaw	1				1 TES 2 NO			
10e. STREET AND NUMBER	Called Flee				101. ZIP CODE			10g. C	ITIZEN OF WHAT COUNTRY?			
6815 Richardson	Rd.				21207				USA			
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED		ECENDENT OF HISP			s or No-	14. RAC	E — American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 UNAR OR DATES			specify Cuben, Mexic ES 2 X NO Spec		in, etc.)		Spec	k, white, etc.  #y: White		
15. DECEDENT'S ED	DUCATION	16a, D	ECEDENT'S	USUAL OCCUPA	TION	16b, KII	ND OF BL	JSINESS/H	NDUSTRY			
(Specify only highest gra-	de completed) Collège (1-4 or 5			vork done during								
12th Grade	Conege (1-4 or 5	-	e Imp	roveme	nt Contra	ctor	Hom	e Tm	prove	ment		
17. FATHER'S NAME (First, Middle, Lest)		1				AME (First, Midd			1	J. III CII C		
Frederick Ruff						thy Wa						
19a. INFORMANT'S NAME (Type/Print)			DI. MAII INC	ADDRESS /St-	t and Number or Rura				Zin Code			
Mrs. Beverly Ruf	f						-			207		
20a. METHOD OF DISPOSITION	1					Baltim				207		
1 🕅 Burial 2 □ Cremation 3 □ Re	moval from State	cemetery, cr	rematory or ot			DATE			- City or To			
4 Donation 5 Other (Specify)  21. SIGNATURE-OT-FUNERAL SERVICE I	LOCKICCE	Lake	View		al Park	12-1	Sy	kesv	ille.	MD		
21. SIGNAL DIE OF ONERAL SERVICE	1/ A /	)((			and adoness of a		1 Di	rect	ors.	Inc.		
10cm	Aye	7			Liberty				_			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSI										
resulting in death) LAST	d											
PART II. Other significant condition	one contributing to	death but not	resulting i	n the underly	ing cause given i	In Part I. 24		N AUTOPS	Y 241	. WERE AUTOPSY FINDING		
							☐ YES			COMPLETION OF CAUSE OF DEATH?		
								•		1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	1	1.5		26.	PLACE OF DEATH (	Check only one)						
EXAMPLER?	HOSPITAL:	NOutpetlent	3   DOA	OTHER:	ome 5 🗆 Realdence		naniful A	N. D.	1.	-41.0-		
27. MANNIER OF DEATH	28s, DATE OF	BUURY	26b. TIM			28d. DESCR				STHORFE		
1 Natural 5 Pending	(Minth, 6	ling: Wear)	INJ		NJURY AT WORK? YES 2 NO							
2 Accident Investigation	28e. PLACE C	OF INJURY — At It	ome lerm o			281 LOCATE	ON /Street	and Alumi	har or Bural	Route Number,		
3 Suicide & Could not b	• building	atc. (Specify)	oma, raim, c	Arrest, ractory, o			fown, State		our or moral	riodie Numbei,		
	SICIAN: To the best of											
DICAL EXAMI	NER: On the basis of a	examination and/or	Investigatio	n, In my opinior	, death occured at It	he Ilme, data an	d place, a	ind due to	the cause(	a) and manner as stated.		
294 SHATURE MOTITLE OF CERTIF	IER .	/	111 7		29c. LICENSE N	UMBER		29d. D.	FE SIGNE	(Month, Day, Year)		
(201100	1 RIMA	Mil	m	1)	Del	11		1	NUDO	128 1986		
30-MAME AND ADDRESS OF PERSON V	VHO COMPLETED CALL	SE OF DEATH OT	EM 27) (Type,	Print)	11/1/	1/-		77		110		
ELP. W.Y	10 1		1 -	10		A	4		/			
	I. Ams	16 6	LNA	HEA	100:00	Aug 1	70~	-	10	116 -1		
31. DATE FILED (Month, Day, Year)	/ I MS	AT S MINARES	105	FRE	JeRick	400 (	A	TON	SVI	UF, ad		
FFR 0 5 1996	A Marin	W. British	-05	FRE	Jericki	Ava (	A	Ton	212	UF, ad		

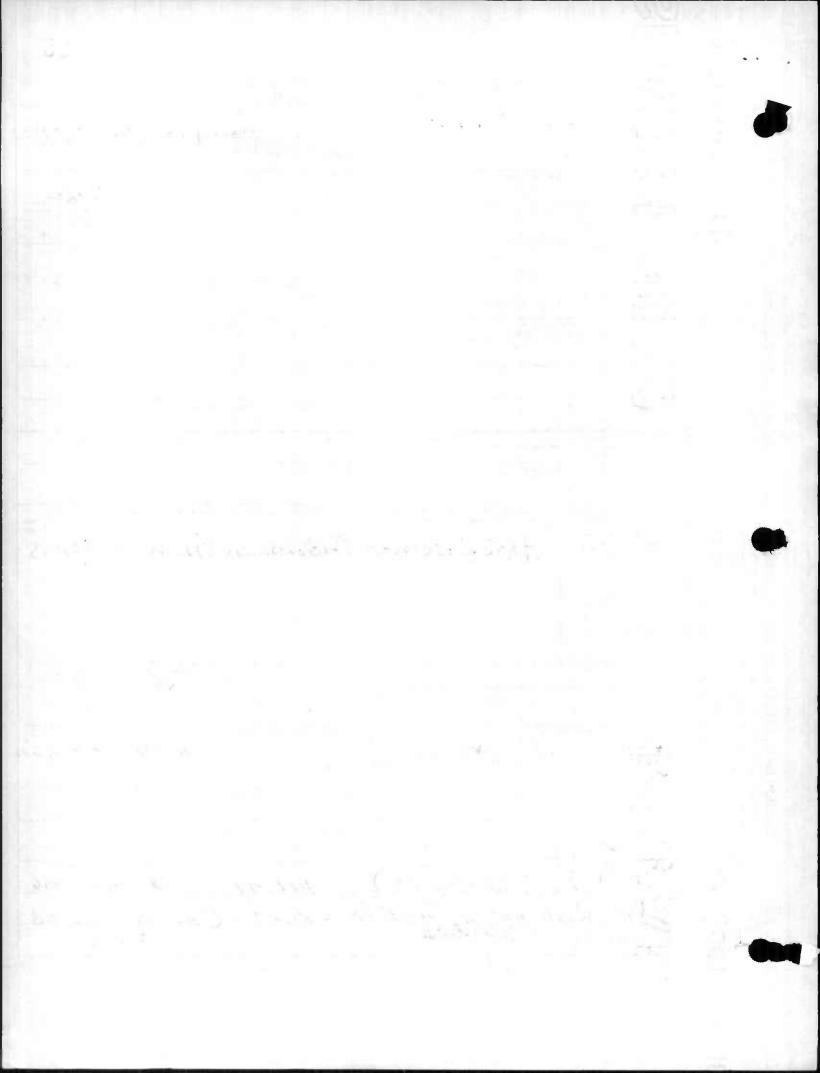
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Jours after Jeath. Page 6 may be retained by the hospital or attending physician.

20 THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month rederick 225 January 3 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, giva street and number) Hospital 1000-7. Aga (In yrs. last birthday) 70 Yrs. alls time Rendall Town 5 at 1 funder 1 Year 1 funder 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Social Security Number Rendalls tun 9. Birthplace (Stata or Foreign Country) 100 M 20 F 218-07-5469 March 17, 1916 Maryland Usual Rasidance of Dacedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 1 No Maryland Baltimore Catonsville 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 713 Maiden Choice Lane #120 21228 U.S.A. 12. Wes Decedant Evar In U,S. Armed Forces?
1 Yes 2 XNo If Yas, Giva 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian. Black, Whita, atc. 1 ☐ Naver Merriad 2 Married 1 Yes XX No Spacify: Specify: 3 Widowed 4 Divorced Yaar or Datas: White 16a. Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamantary/Secondery (0-12) Coilege (1-4or 5+) 9 Years Construction Work Carpenter 17. Father's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Frederick Ruff Hattie Rolins 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mrs. Beverly Ruff (Daugter in Law) 6815 Richardson Road Woodlawn, MD 21207 20b. Plece of Disposition (Name of cematary, cremetory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, State 1 Buriel 2 □ Cramation 3 □ Ramoval from Stata 5 Othar (Specify) Woodlawn Cemetery 2/2/96 Woodlawn, Maryland 21. Signature of Funeral Service Licensea 22. Neme end Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD shock of heart failure. List only one cause on each line. 21133 Approximata Interval Batween Onset and Death Immediate Ceuse (Final disease or condition rasulting in deeth) pulmours Dua to (or as a consequence of): Due to (or as a consequence of): Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disaase or Injury thet initiated avents rasulting in deeth) Lest nith metas lesis Dua to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Ulinknown 24b. Were autopsy findings svailabla prior to completion of causa of death? 24a. Was an autopsy 1 Yas 2 No 1 Yes 2 No 25. Was case rafarred to medical axaminar? 26. Place of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 hpatiant 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Dete of injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Matural 5 Panding

Box 68760. o

physician and the buriel-transit the death certificate be 88 esn ŏ detached signed by t Division of Vital Records. this luneral Attending i or Attanding after death. Director: Aft in by

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

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Completed

Be

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Examiner

Physician/Medical

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Completed

Be

P

Certification:

Wedical

2 Accident

3 Sulcida

29a. Certifier

4 I Homicida

(Check only one)

29b. Signeture and title of certifier

death with the Maryland

filed within 72 hours after Hygiene.

permit. Pages 1 and 2 should be filed wit Department of Heelth and Mental Hygient Important: If item 27 is marked other tha any fulury or other traumatic event, that ORIGE.

**Physician** /Medical

**Examiner** 

Maryland 21215-0020

altimore,

State Registrar

31. Data filed (Month, Day, Year)

1 Yas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

12 Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete end place, and dua to tha cause(s) and manner as stated.
2 Medical Examinar: On tha basis of axamination end/or investigation, in my opinion, daeth occurred at tha tima, data and place, and dua to the cause(s) and mennar stated.

29c. Licanse number

29d, Dete slaned (Month, Dav. Year)

30. Neme and addrass of person who complated causa of death (Itam 23e) (Type, Print)

Invastigation 6 Could not be

13. Registrer's Signatura Rendalistown

28a. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

**DHMH 16 Rev 6/95** 

### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

				State of Marylar		epartment of I Certificate of			giene	96	0275
п	1	. 4	1. Decedent's Nama (First, Middla, Last	)				2. Data of Dea	th		3. Tima of Death
	Physici /Medi		Stanley		SIER	AKOWSKI		January	Day 30,	1996	10:00 pm
À	Examir		4a. Facility Nama (If not Institution, giva	The state of the s			4b. City, Town, or	Location of Death		of Death	
			Franklin Square H				Rossvil		Ba1t	imore	
	Funeral Director		5. Social Security Number 6. Se  220 ~ 20 ~ 1126  Usual Rasidance of Dacedant	x 7. Aga (In yrs. 67	last birthd Yrs	Months   Days			(, Year)	9. Birthol Count Mari	aca (Stata or Foreign try) yland
	a-f show	tor	10a. Stata 10b. County  Maryland Bal	timore 10c. Ci	ty, Town o	r Location Edgeme	re			10	0d. Insida City Limits 1 ☐ Yas XXNo
	th with the	al Directo	100. Street and Number 9028 Hinton Avenu	.e		10f. Zip Coda	21219		10g. Citizan of United		•
020	should be filed within 72 hours after death with the Maryland nd Mental Hyglene. I marked other than "natural", or items 23a or 22e-f show urnatic event, the Modical Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Married  3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas:	l,S. 1	Was Dacedant of I if Yas, specify Cub     □ Yas 2    No		pecify Yas or No- o Rican, atc.)	14. Rac Bia Specifi	ce - Amarice ck, Whita, a y: Wh	
0-0	natur	eted	15. Decedant's Edu (Specify only highast grad	cation a complated)	16a. De	ecedant's Usual Occupiva kind of work dona a. DO NOT usa retire	pation during most of wor	rking	16b. Kind of B	usinass/Ind	ustry
717	should be filed withir nd Mental Hygiene. marked other than imatic event, the Me	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+) 2 Years	111		Officer			lice	
	al Hy	Be	17. Fathar's Nama (First, Middla, Last)	! . *			18. Mothar's Nar	na (First, Middla,		na)	
Y	Ment Ment arked	2	Frank Sierako	iwsri			Mary S	okolowsk	i		
a	2 sh and is m		19a. informant's Neme/Relationship (T)			elling Addrass (Street			-		4
ב ט	l and 2 lealth a m 27 is her trau		Mrs. Florence M. 20a. Mathod of Disposition			28 Hinton sposition (Nema of	Ave. ta				219
Daltillo	parmit. Peges 1 and 2 should Department of Health and Men Important: If Item 27 is marke any injury or other traumatic. 2015e.		1 Burial 2 Cramation 3 F 4 Donation 5 Other (Specify)	Ramoval from Stata	t. St	cramatory or other pla anislaus (	i	1996	Baltin	iore,	MD
0	parmit. Departri imports any inju		21. Signatura of Funaral San Licans	10		22. Name and Addre Duda-Ruck 7922 Wise	ass of Facility  E Funeral  Aug D	Home of	Dundal Marulan	ck, In	222
			23a. Para an in disaase, or complete the com	ications that caused tha daat na causa on aach lina.	th. Do not	antar tha mode of dyi	ing, such as cardiac	or raspiratory ar	rest,		Approximata Interval Batween
7	Physician /Medical Examiner		Immediate Causa (Final disaasa or condition rasulting in death)	End stage i	.schei	nic cardio	mypathy			1	Onsat and Death  5 years
		ē	Tuoding it obtain			sequenca of):					7
	outed ansit	Examiner	Sequentially list conditions	Coronary ar		disease					7 years
, o	ate be executed hysician and the burial-fransit		Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury								
100 40	ertificate ling physi a es the	Medical	that initiated evants rasuiting in daath) Last	Dua to (o	ras a con	saquance of):					
	eath c	clan								i	
5	that the ded by the deteched	Physician/M	Atrial fibrilla		•	, ,					the cause of death?
SPIO.	requires been sign should be	eted by	disorder, Renal	insufficienc	у			24a. Was a perfor		ava	ra sutopsy findings illabla prior to ripletion of causa
	The law ate hes page 2	Completed						1 🗆 Y	es 2 No		léath? ]Yas 2□ No
	entifica ctor,	Be	25. Was casa refarred to medical axaminer?					ath (Check only or	na)	1	
5	hysic his ce	P	1 XYes 2 No	1	ER/Outpa	Illent 3LI DOA		Ioma 5 ☐ Rasid	ence 6 Oth	er (Specity	)
5	ding P. After t funera	tlon:	27. Mannar of Death  1 Netural 5 ☐ Panding invastigation	28a. Data of injury (Month, Day Year)	28b. Tim inju	ry Wo	ryat ork? ]Yas 2 □ No	28d. Describe h	ow injury occur	red	
I NI	or Atten after deat Director:	Certification:	2 Accident invastigation 3 Suicide 6 Could not be datermined	28a. Placa of Injury - At h building, atc. (Specif	oma, fer <i>m</i> , y)			28f. Location (S City or Tow	treet and Numb n, Stata)	ber or Rural	Routa Number,
	To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours share death.  Of the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit	edical C	29a. Cartifiar 1X Certifying Phys	sician: To the best of my kno ner: On the basis of axamina end mannar stated.	wladga, da tion and/o	aath occurred at the ti r invastigation, in my o	ima, deta and piace opinion, deeth occu	o, and due to the corred et the time, co	ausa(s) and me late end plece,	annar as sta and due to	ated. the cause(s)
	To the rithir comp	Me	29b. Signature and title of certifier	earn	\ \ \	29c. Licens	se number	1	29d. Data signa	196	Day, Year)
	JK.		30. Nema and address of person who do	impligited cause of death (Itan	n 23a) (Ty						
1			Gary Raffel, M.			Square Dr	ive Balt	imore, M	laryland	1 212	237

State Registrar

31. Data filed (Month, Day, Year) FEB 0 5 1996

9000 Franklin Square Drive Baltimore, Maryland 21237

efficient for the first an effect any array of 

BALTIMORE, MARYLAND 21215-0920

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exebuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED

29e. CERTIFIER (Check only one)

29b. SIGNATURE AND TITLE

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLA	ND / DEPAR CERTIF					MENTAL	HYGIEN					
	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TI	ME OF DEATH	
	CHARLES	JOSE	PH	SCH	LICHT					FEBRI	JARY 3	3. 19	96	8:2	20 A.M.	М
	4. SOCIAL SECURITY NUME		5. SEX		yrs. last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE (	OF BIRTH	,	8. BIRTH	IPLAC	E (State or Foreign	
	217-07-4426		1 💢 M 2 🗍 F		75 YRS.	MONTHS	DAYS	HOURS	MIN.		rber 11	1020	Count		vland	
	9a. FACILITY NAME (# not in	stitution, give s	street end number)			9b. CITY	, TOWN C	OR LOCATION	ON OF D				NTY OF D		rand	
DIRECTOR	JOHNS HOPK		SPITAL			BAL	TIMO	RE C	ITY			BALT	IMOR	E (	CITY	
#	10a. STATE	10b. COUNT				Y, TOWN								10d.	INSIDE CITY	
	Maryland	Balt	imore	_	P	arkv	ille								YES 2 X NO	
AL	10e. STREET AND NUMBER				7		101	. ZIP CODI	E			10g. CIT	IZEN OF V	TAHV	COUNTRY?	
🖺	8317 Wils	on Ave	nue					212	34			U	nite	d S	tates	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES WAR OR DAT	2 NO		It yes, sp		n, Maxica	in, Puerto F	(Specify Yellican, etc.)		14, RACI	E A k, Whi	merican Indian, ite, etc.	П
	3 Widowed 4 Divo	erced	WW 1	H											White	
ETED		EDENT'S EDU y highest grade			18a. DECEDENT'S (Give kind of	work done	during mo		ng	16b.	KIND OF BU	SINESS/IN	DUSTRY			
	Elementary/Secondary (I	3-12)	College (1-4 or 5	+)	life. Do NOT u						_		C - 1			
COMPL	9				Delive	ryma	n	The state of			Furni		Sal	es		
	17. FATHER'S NAME (First, M		73-64					7200			liddle, Malden					
8	Georg  19a, INFORMANT'S NAME (	e Sch	ITICHT						Mary		ssberg		_			
2	Mrs. Elain		icht								er, City or Tow timore			123	34	
	20s. METHOD OF DISPOSIT 1 X Burial 2 G Crematic 4 G Donation 5 G Other	on 3 Rem		St.	PLACE AND DATE tary, crematory or C	ther place)	1		rv 2	DATE 2/6/96		arkv			laryland	
	21. SIGNATURE OF FUNERAL	L SERVICE LI	aup Mark	T. Z	avoyna	22.	Leor	nd addre	SS OF FA	Ruck.	Inc.				21214	
	23. PART I. Enter the d	U Seeses or	complications the	t council	the death Do								100	riu .	Approximets	
	shock, or h IMMEDIATE CAUSE (Fig.	eart fsilure.	List only one cer	use on ee	ch line.						iac or resp	matory st	i Gail,		interval Bstwee	
	disease or condition resulting in death)	$\rightarrow$	a. W	netas-	tatic	( e	poso	irco	ma						2 years	5
			DUE TO	(OR AS A	CONSEQUENCE (	PF):									0	
ATION	Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY	diate	b. DUE TO	(OR AS A	CONSEQUENCE C	F):										_
ERTIFICATION	CAUSE (Disesse or injuthat initiated events resulting in deeth) LAS		DUE TO	(OR AS A	CONSEQUENCE	PF):								1		
8			<u>.</u>													
AL	PART ii. Other significa					in the u	nderlyin	g cause	given in	Part I.	24s. WAS AP PERFO		248		E AUTOPSY FINDING LABLE PRIOR TO	38
음	maliguant	pleu	ral effv	sions	-					_	1 TES	NO			PLETION OF CAUSE DEATH?	
M	sick siv		-											1 [	YES 2 NO	
Z	DID TOBACCO U	ISE CONT	RIBUTE TO CA						ERTAI	N ₩						
PHYSICIAN: MEDICA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	2	8. PLACE OF DE	OTHE										
YSI	1 TYES 2 NO		1 Inpatient 2		tient 3 DOA		raing Hon		sidence	8 Other						
ву РН	_	Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	JURY AT ORK? YES 2	NO	28d. DES	CRIBE HOW	INJURY O	CCURED			
1 00 1	2 Accident															

N3 195

▶ Febru

Hospital

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Fred Hsich, MD Johns Hopkius

31. DATE FILED (MONTH) Por, May 1996

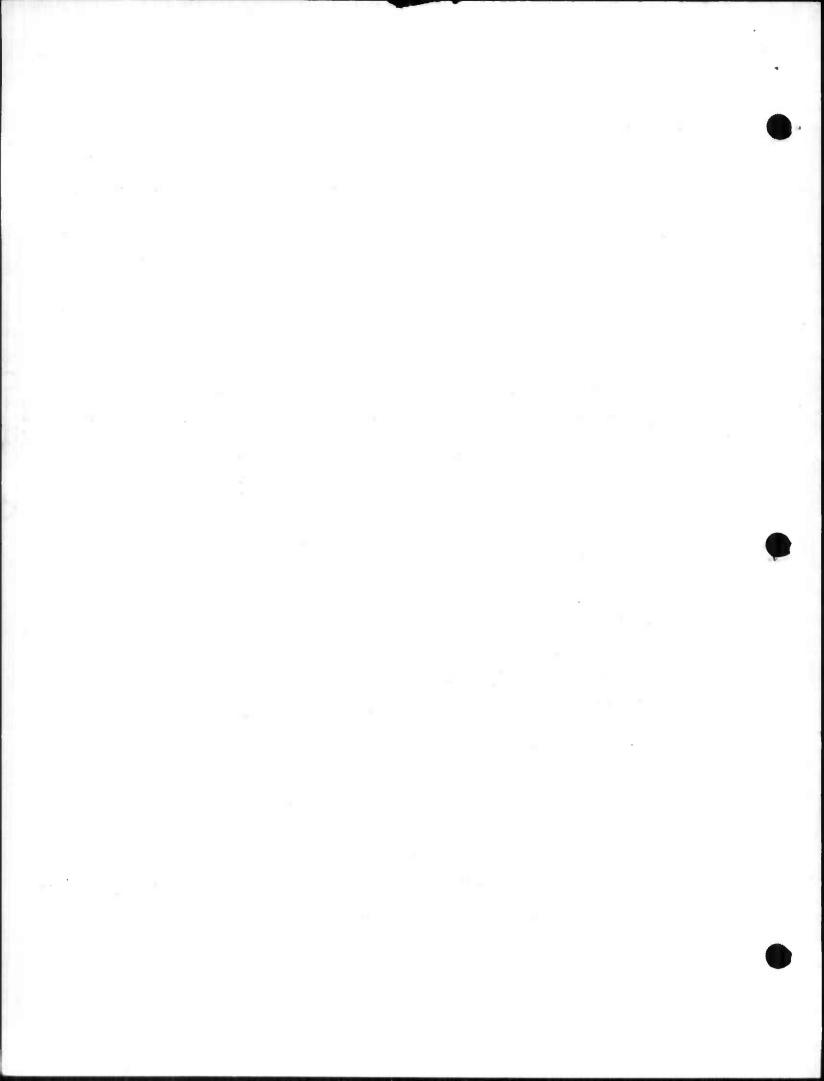
FEB U 5 1996

January Completed Completed Cause of Death (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

FEB U 5 1996

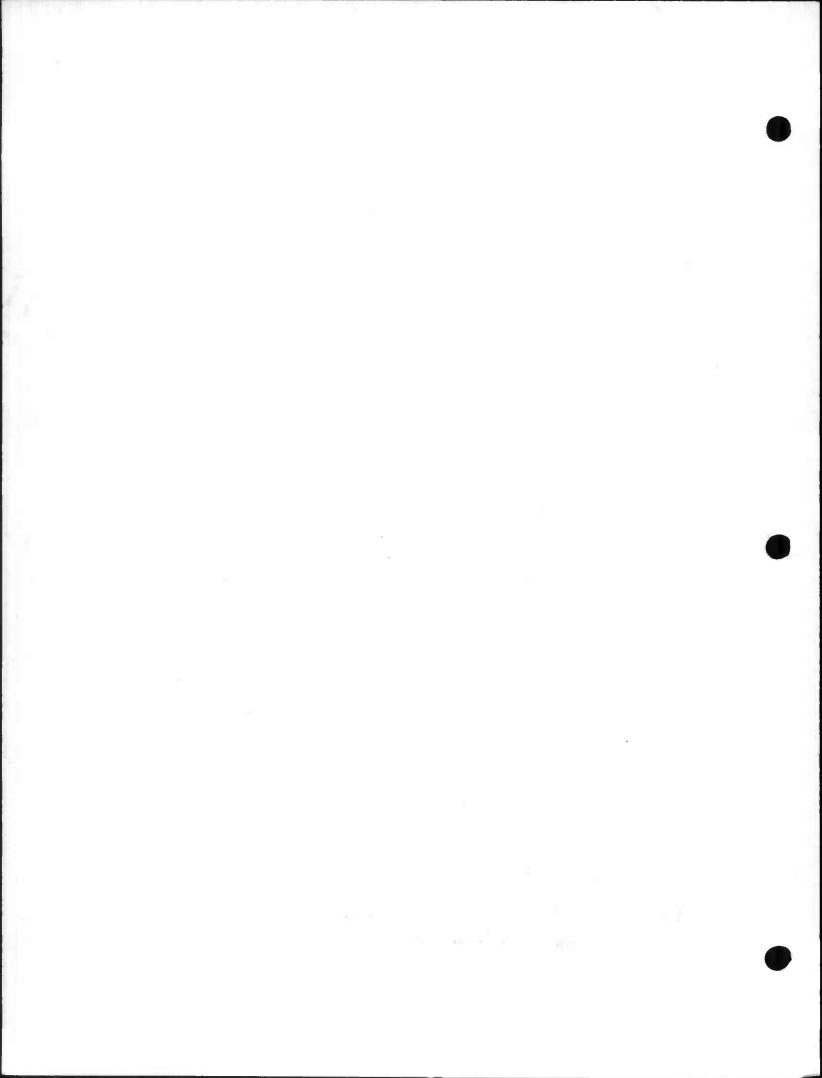
MD



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	Leter Smith	Helen Jean	n Smith	2. DATE OF DEATH MONTH DA	V YEA	
	0:1 1 - 5.11.1	S. SEX  8. AGE (In yrs. last	VRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		INTENPLACE (State or Foreign ountry)
TOR	90. FACILITY NAME (If not institution, give street SING! NOSPIF	t and number)	96. CITY, TOW	HINUE		9c. COUNTY C	OF OEATH
DIRECTOR	10s. STATE 10b. COUNTY	JA	10c. CITY TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 Pres 2 NO
FUNERAL	10e. STREET AND NUMBER  2664 LOUIL	Southway	URIT	101. ZIP CODE	_	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Newer Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 TH IF YES, GIVE WAR OR DATES	O If yes,	DECENDENT OF HISPAN apecify, Cuben, Mexico (ES 2 NO Specifi			RACE — American Indian, Black, White, etc. Specify:
ETED B	15. DECEDENT'S EOUCAT (Specify only highest grade co	mpleted) (GiA	CEDENT'S USUAL OCCUP. we kind of work done during Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	Plack
COMPLE	Elementary/Secondary (0-12) SEE Grade  17. FAIHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	USELVIFE	18 MOTNER'S NA	ME (First Middle, Maiden	Vome	
ш	RAY BREEC	$\epsilon$		Peacl	ne C	Ear	
TO B	PEUL DALE	196	MAILINO ADDRESS, (Stre	et and Number or Rural	Poute Number, City or Tow	BALLI	note Marchan
	20a. METNOD OF OISPOSITION 1 Burlel 2 Cremation 3 Removi		AND DATE OF DISPOSITION THAT OF DISPOSITION TH	/-	DONTES 20c. LO	CATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISE		AND ADDRESS OF FA	CILITY 5240	CEISTE	Ara Rupp
	Been, &	arris	CHA	mar-los	nsF.H. B	Ntonor	E/21215
	23. PART i. Enter the diseases, or conshock, or heart fellure. Lin	mplications that caused the det at only one cause on each line.	ath. Do not enter the	mode of dying, auc	h as cardiac or reap	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Multiorger	system!	Feilure			Two dzys
z		Acquired Imm	ovence on:	ency Syn	drome		Five years
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):	2 2.			3
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEO	DUENCE OF):				
AL C	PART II. Other significent conditions	contributing to death but not re	esuiting in the underl	/ing ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	End stage vena	al disesse			1 YES 2		OF DEATH?
AN.	DID TOBACCO USE CONTRI		TH YES NO		N. X		/
SICI/		HOSPITAL:	OTHER:	forne 5 🗆 Residence	8 C Other (Specific)		
РНҮ	27. MANNER OF DEATN	26s. DATE OF INJURY (Month, Day, Year)		INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCURE	(D
ВҰ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor		YES 2 NO	281, LOCATION (Street	and Number or B	bural Boule Number
ETED	4 Nomicide determined	building, etc. (Specify)			City or Town, State)		are route running,
COMPLETED		AN: To the best of my knowledge, dea On the basic of examination end/or in					use(e) end menner se stated,
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	Aller Resider	of Physician	29c, LICENSE NU	MBER 2 9 8	29d. DATE SIG	SNED (Month, Day, Year)
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type, Prihi)	2401 Wes	+ Belvaderel	Werne B	ellimos Machal
	31. DATA FILED (Month, Day, Year) FEB 0 5 1996	32. DEGISTRAR'S SIGNATURE				1-11-11-11-11-11-11-11-11-11-11-11-11-1	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

		n26,Film732,2/5/96,1t		Ce	rtificate of	Deam	F	Reg. No.	0 (	16100
tat		1. Decedant's Nama (First, Middla, La	est)				2. Data of Dea	ath	Vear	3. Tima of Death
ysici Medic		Robert	Thomas		Schaib	ole	Jan.	2 <sup>Day</sup> 1	996	12:45 P
amin		4a. Facility Nama (If not institution, git 431 Pleasant V				4b. City, Town, or L Catons			of Death	ore
eral ctor			157M OFF	s. last birthday,	Months Days	if Undar 24 Hrs. Hours Min.	8. Data of Birt (Month, Day Feb. 15	h v, Year)	9. Birthpl Coun	aca (Stata or Forei
		Usual Rasidance of Decadant					100. 10	71330		
Lingtiffied at	tor	Md. Balt:		City, Town or Le	ocation Catonsvil	le			10	0d. Insida City Limit 1 ☐ Yas 200 N
	al Director	10e. Street and Number 431 Pleasant	Villa Avenue		10f. Zip Coda	21228		10g. Citizen of	What Coun	
	Funeral	11. Marital Status  1 Nevar Married 2 Married	12. Was Dacedant Evar in Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva		Was Decedant of H If Yas, specify Cub 1□ Yas 2⊠ No	dispanic Origin? (Span, Maxican, Puarto	pecify Yas or No- Rican, atc.)		ce, White,	atc.
	d by	3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas:		TE THE EMETE	ороспу.		Specif	y: Whi	te
	Completed	15. Decedant's E (Specify only highast gr Elemantary/Secondary (0-12)	ducation ada completed) Coilaga (1-4or 5+)	16a. Dece (Giva lifa.	dant's Usual Occup a <i>kind of work d</i> ona DO NOT use retire	pation during most of work d)	king	16b. Kind of B	usinass/Ind	lustry
	Con		5+	Cla	ims Adjus					industry
	Be	17. Father's Nama (First, Middla, Las				18. Mothar's Nam	and the same of			
	Lo	Emil H. Schaib	le			Agnes Ma				
		19a. Informant's Name/Ralationship Mark Schaible	Type, Print) (Son)	19b. Maili 431	ing Address (Street Pleasar	and Number or Run nt Villa 1	ral Routa Number Avenue C	r, City or Town, Catonsvi	Stata, Zip	Code) 21228 Maryland
DDC0.		20a. Mathod of Disposition  1 Burlai 2 Cramation 3   4 Donation 5 Other (Speci		cematary, cra	osition (Nama of matory or other pla Vational Cer		Data	20c. Location Baltimore		
4		21. Signature of Fundal Barvice Lice			2. Nama and Addra		1, 1990	Darchion	e, nai	/ LOUILL
odd		1	) //	L	eroy M &	Russell (				
		23a Part1 Enter the disease, or con shock, or heart failure. List only	plications that caused a de	ath. Do not an	630 Edmon tar the mode of dyl	dson Aver	nue Cato or raspiratory ar	nsville	, Mary	Approximata
an		snock, or heart failure. List only	ona cause on each line.							tritarval Between Onsat and Death
al		Immediata Causa (Final	a Adeno care	10000	- unk	2/2/20				months.
		disaasa or condition	a. Meerio Cart	£ 10713 ac	- 0011111	war!				TRUTTI
er	er	disaasa or condition rasulting in daath)		(or as a conse			mary.		1	
	xaminer	resulting in death)	Dua to	(or as a conse	quanca of):					
	Ilcai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated evants	Dua to  Dua to		quanca of):					
	Medicai	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Dua to  Dua to	(or as a conse	quanca of):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated evants	Dua to  Dua to  Dua to	(or as a consec	quanca of): quanca of):		23b. Did t			
er	Physician/Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	Dua to  Dua to  Dua to	(or as a consec	quanca of): quanca of):		23b. Did t	obacco use co /es 21X/No		
	by Physician/Medicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	Dua to  Dua to  Dua to	(or as a consec	quanca of): quanca of):		23b. Did t	/es 215/No	3 ☐ Prob	the cause of deal sebly 4 Unknown to autopsy finding liable prior to applation of causa leath?
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ar offector	To Be Completed by Physician/Medical	Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part tt. Other significant conditions of the condition	Dua to  C. Dua to  d  contributing to death but not re	(or as a consector as	quanca of):  quanca of):  quanca of):  undarfying causa gh	/en In Part I.  28. Placa of Deal	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	an autopsymed?  'as 2 No	3 Prob	re autopsy finding illable prior to nplation of causa leath?
al cirector, page 2 stroutu de detectred for use es tre dunal-transm	Be Completed by Physician/Medical	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last  Part tt. Other significant conditions of the condition	Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to  Due to	(or as a consector as	quanca of):  quanca of):  quanca of):  undartying causa ghant 3 DOA Otto	/en In Part I.  28. Placa of Deal	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	an autopsymed?  'as 2 No	3 Prob	re autopsy finding illable prior to nplation of causa leath?

29c. Licansa number

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29d. Data signed (Month, Day, Year)

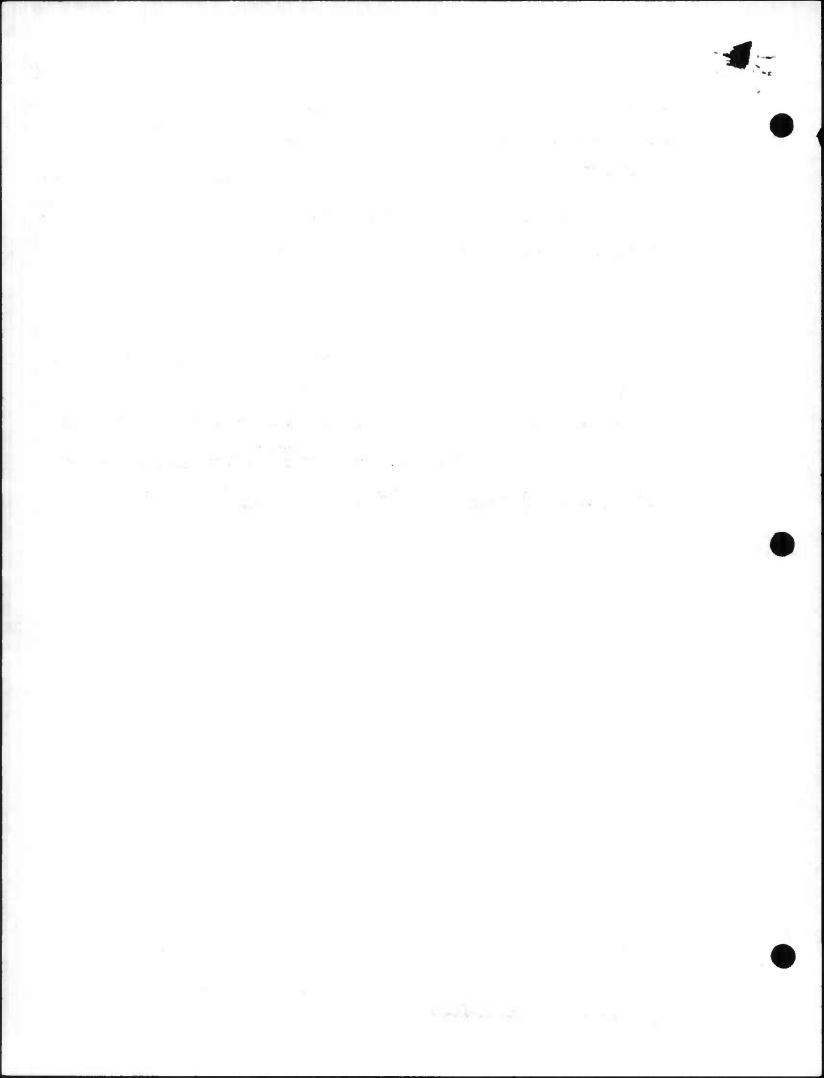
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State Registrar

m. Piper Kaisis Permanente 7/4/ security Blue. Baltimore modially. 31. Data filed (Month, Day, Year) FFB 0 5 1996

mysis 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

29b. Signatura and titla of certifiar



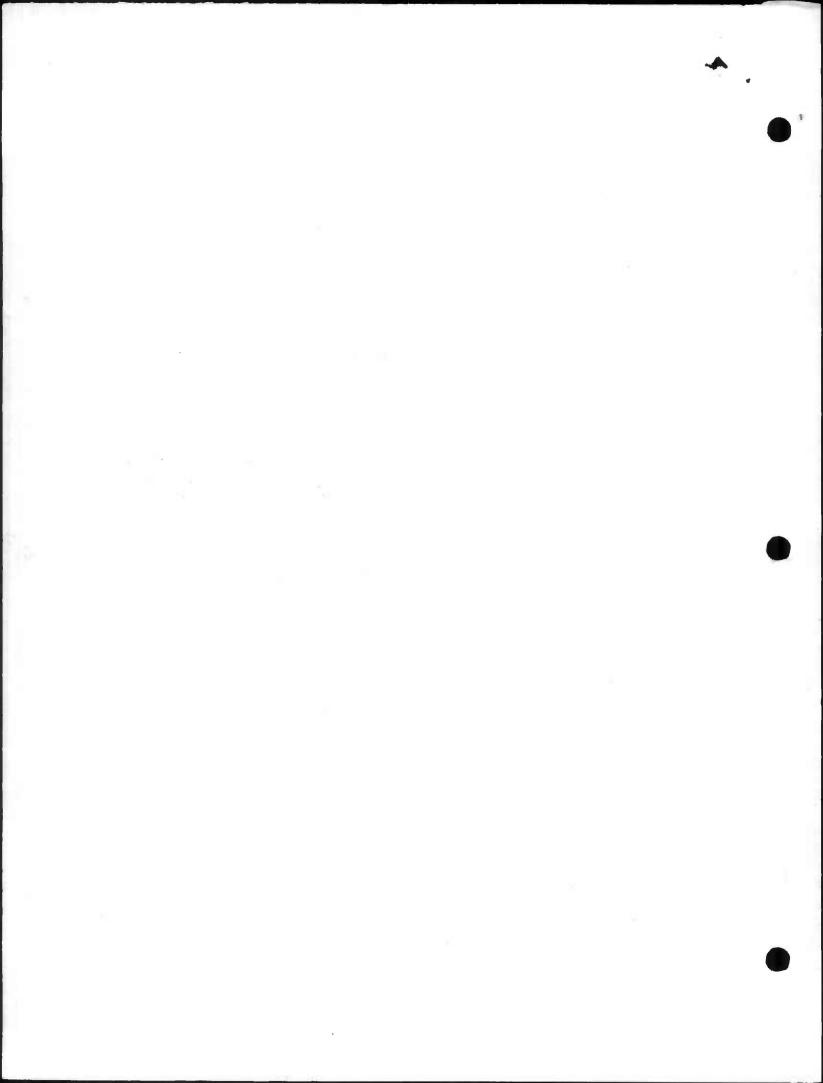
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TONE HISPORT OR ATTROMY PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
DECEDENTIA MARKE (First Addate Assa)		

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	STA	Rippy				2. DATE OF I	DEATH DAY	1996	3. TIME OF DEATH 3 30 PM
	4. SOCIAL SECURITY NUMBER 219–30–0168	5. SEX	AGE (In yrs. lest bi		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da July 8,	y. Year)	Coo	ATHPLACE (State or Foreign untry)  ryland
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b		OR LOCATION OF DE		90	. COUNTY OF	F DEATH
TOR	Meridian Nursing Home				Cata	onsville			Baltimo	re
E	10a. STATE 10b. COUNTY	1		Oc. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
盲	•	altimore			Caton	sville				1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 1200 Nuwood Drive				10	7. ZIP CODE 21228		10	U.S.A	F WHAT COUNTRY?
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 NO	D	If yes, sp	CENDENT OF HISPAN secify Cuban, Mexican 2 X NO Specify	, Puerto Ricar			ACE — American Indian, lack, Whita, atc. pecify: White
	15. DECEDENT'S EDUC (Specify only highest grade				JAL OCCUPATE done during me		18b. KIN	D OF BUSINE	SS/INDUSTRY	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	not use re emaker	tired.)	Sat Of WORKING	1.0	Own Ho	ome	
NO.	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	ME (First, Middl	le, Malden Sum	name)	
BE	Henry Miller					Julia M	-			
10	19a. INFORMANT'S NAME (Type/Print) Gloria Vogle					and Number or Rural F enue Woodl				
	20s. METHOD OF DISPOSITION 1XXBuriel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	oval from State	20b. PLACE AND COMMENTS OF COM	fory or other	placel	February 5	. 1996		nore. M	
	21. SIGNATURE OF FUNEBAL SERVICE LIC	CENSEE	21.		22. NAME A Leroy	M. & RUSSE	11 C. W	itzke Fi	uneral 1	Homes
	Masell	ensi								ryland 21228
	23. PART I. Enter the diseases, or cashock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	on each line.					or respirato	ory arreat,	Approximate interval Batween Onset and Death
_		a. Myo DUE YO (0	R AS A CONSEQUE	ENCE OF):	ten	Dire	se			Hears.
CATIO	cause. Entar UNDERLYING	DUE TO (C	R AS A CONTROU	ENCE OF):	1					
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (C	R AS A CONSEQUE	ENCE OF):						
	PART ii. Other eignificant condition	e contributing to d	anth hut not rea	ulting in t	ha umdaslula	a series alves la	Post i los	. WAS AN AUT	many I	24b. WERE AUTOPSY FINDINGS
MEDICAL	HYPOTHYRO		Satti Dut Hot Iae	aiting in t	na uncertyn	A cause diven in		PERFORME	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE
밀					_		_   ''	YES 2	. NO	OF DEATH? 1 □ YES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CAL	SE OF DEATH	1 YES	□ NO Þ	UNCERTAIN	1 D			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE		Check only one					
YSI	1 TYES 2 NO	1 Inputient 2 I		DOA 4	-	ne 5 🗆 Residenca				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		18b. TIME O		JURY AT ORK? YES 2 NO	28d. DEŞÇRI	BE HOW INJU	A OCCURED	
	3 Suicide 8 Could not be determined	28a. PLACE OF building, e	INJURY — At home c. (Specify)	, farm, strai	at, factory, offi	:0	281, LOCATIO City or To	ON (Street and i own, State)	Number or Rui	ral Route Number,
COMPLETED	anal and	ICIAN: To the best of n								
8			mination and/or inv	emigation, i	n my opinion,			I placa, and du	us to the cau	se(s) and manner as stated.
TO BE	296. SIGNATURE AND TATE OF CERTIFIN	2				D. 30 4	/	1	Fes	NED (Month, Day, 19796
F	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE	OF DEATH (ITEM )	OLE T	PRIVI	2 10	0 ; 6	Elica	TTU	1410.21042
	FFB 0 5 1996	32. REGISTRAR	S SIGNATURE							
	FEB V 3 1330									



	FOR
1	STATE
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# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGIOTRAN				OLITTI	IOAIL	OI.	PEAIII	п	EG. NO.			
1	1. DECEDENT'S NAME (First	Middle, Last)	RNET	7	TOR	2RE	5		2. DATE OF I	DAY	199	YEAR 6	3. TIME OF DEATH W
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			8. DIRTH	IPLACE (State or Foreign
- 1	488-01-9376		1 X M 2 🗆 F	8:	3 YRS.	MONTHS	DAYS	HOURS MIN.	July 2	7 10ar)	112	Counti	"Kansas
	99. FACILITY NAME (If not in	antiferation where -				Dh CUTY	TOWAL	R LOCATION OF D			9c. COUI	TV OF T	
									CAIN			ward	
5	5157 Evange		ay			u	OTUIII	DIA			пС	wall	1
>	RESIDENCE OF DEC	10b. COUNTY			100 00	TY, TOWN OF	010047	ON					10d. INSIDE CITY
OINECTOR	MD	Howa				columb		ON					LIMITS?
LONERAL	100. STREET AND NUMBER						101.	ZIP CODE					WHAT COUNTRY?
	5157 Eva	ngelin	e Way					21044			U	SA	
	11. MARITAL STATUS			2. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF NISPAI			or No —	14. RACI	E — American Indian,
	1 Never Married 2	Merried		RCES? 1 TYES 2 NO				city Cuben, Mexic 2 NO Speci		n, etc.)			k, White, etc.
	3 X Widowed 4 Dive	orced	IF TES, GIVE	MAN ON DATES	•		X IES	2 NO Speci	Mexic	an		Spec	"White
	15. DEC	EDENT'S EDUC	CATION	184	. DECEDENT'S	S USUAL OC	CUPATIO	N	18h YIN	D OF BUSH	NESS/INF	USTRY	
	(Specify on	ly highest grade	completed)		(Give kind of life. Do NOT u	work done d	luring mos	t of working	TOO. KIN	0. 0031		201111	
	Elementary/Secondary (	0-12)	College (1-4 or 5				aha		1.7	igh S	choo	.1	
	12		5+	E	nglish	1 Tea	cher					1	
	17. FATHER'S NAME (First, A							18. MOTHER'S N		le, Melden S	umame)		
	Jesse Torr	es						Ann T	rinder				
	19e, INFORMANT'S NAME (	Type/Print)			19b. MAILING	O ADDRESS	(Street a)	nd Number or Rural	Route Number, (	Offy or Town.	State. Zic	Code)	
2	Kelmie Snid	**	Daughter	.)				e Way,				1044	1
		1.0	baugnter	1									
	20e. METHOD OF DISPOSIT		ovat from State		ACE AND DATE		ITION /Na	ne of Feb	DATE	20c. LOC	ATION —	City or To	own, State
-	4 Donetion 5 Done			Mou	nt Leb	anon	Cem	. 5,	1996	Bric	dget	on,	MO
	21. SIGNATURE DE FUNERA	E SERVICE LIC	жнаев	00		22. 1	NAME AN	D ADDRESS OF F	ACILITY		, -		. 1 ******
	1		)_	880		Le:	roy	M & Rus	sell C	Witz	ke i	une	ral Home
	- pue	nec	000	Total		55.	55 I	win Kno	lls Rd	. Col	idmu.	a, I	ND 21045
	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	nal	· At	Nevosc TO (DR AS A CO	lenti NSEQUENCE (	e Co	avd	rovan	mlar	Dus	ieer	r	Goset and Daeti
	Sequentially list condi-	tions	b	1 per-	teusi	~							Jeals
	If any, leading to imme	diate	DUE T	OVOM AS A CO	NSEOUENCE (		.1	42					40 412
	CAUSE (Disease or Injury		a	hahe	tes		115	ing					- Jove
	that initiated events		DUE 1	O (OR AS A CO	NSEOUENCE (	OF):							
	resulting in death) LAS	T	d										
	PART II. Other algnific	ent condition		1		/	derlying	cause given in	n Part I. 24	PERFORM		241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	SIPSTY	oke,	MO	colon	cam	cer			1	YES 2	_		COMPLETION OF CAUSE
		1	1										OF DEATH?
	DID TOP LOCA :	ICT COLT	DIDLITE TO C	ALICE OF	NEATH. 1	TC D	10 -	LINICEDTA	N 100				1 YES 2 DING
	DID TOBACCO U		KIBUTE TO C					UNCERTA	IN LE				
	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSEITA	26.	PLACE OF DE	4	-	/					
	1 NES 2 NO		HOSPITAL:	ER/Outpetle	M 3 14 DOA	4 Nurs		5 Residence	6 Other (S	pecify)			
	27. MANNER OF DEATN		28a. DATE	OF INJURY	28b. TI	ME OF	28c. INJ	URY AT	28d. DESCR		JURY OC	CURED	
	_/	Pending	(Month,	Day, Year)		JURY	WO	RK7					
	2 Accident	Investigation											
_		Could not be	26e. PLACE buildin	g, etc. (Specify)	At home, farm	street, facti	ory, offic		City or To	ON (Street ar	nd Number	or Hural	Route Number,
	4 Nomicide	determined											
	29a. CERTIFIER 1 CER	THE VING DAVE	ICIAN: To the best	of my knowledge	e, death accur	rrad at the st	ima elas-	end place and 4	in to the course	e) and man	ner ee et-	ted	
	Consult only												al and manner on state of
	2 (L) ME	MAL EXAMINE	On the basis of	AXEMINETION OF	ru/or investigat	ton, in my o	pinion, d	emn occured at th	e rime, date end	piaca, end	aue to t	ne Ceuse(	e) end manner ee stated.
ď	295. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LICENSE N	JMBER		29d. DA1		D (Month, Dey, Year)
	latona	A	-	· M	1			0311	173		1	an	30,1996
			-	-	7	0.4.4		, -	/		7	-	
. []	30 NAME AND ADDRESS O	JE DEBSON MA	O COMPLETENCE	NURF OF DEATH	(ITEM 27) /5-								No.
			O COMPLETENC						Aug 0			ez	
	PATMICE	A	OYE, n	n 4'	T65H		ock	CANE	waye	we	ac	TYN	N 21142
2		A	OYE, n		T65H		ock	CANE	LAYE	we	ac	TYN	21142

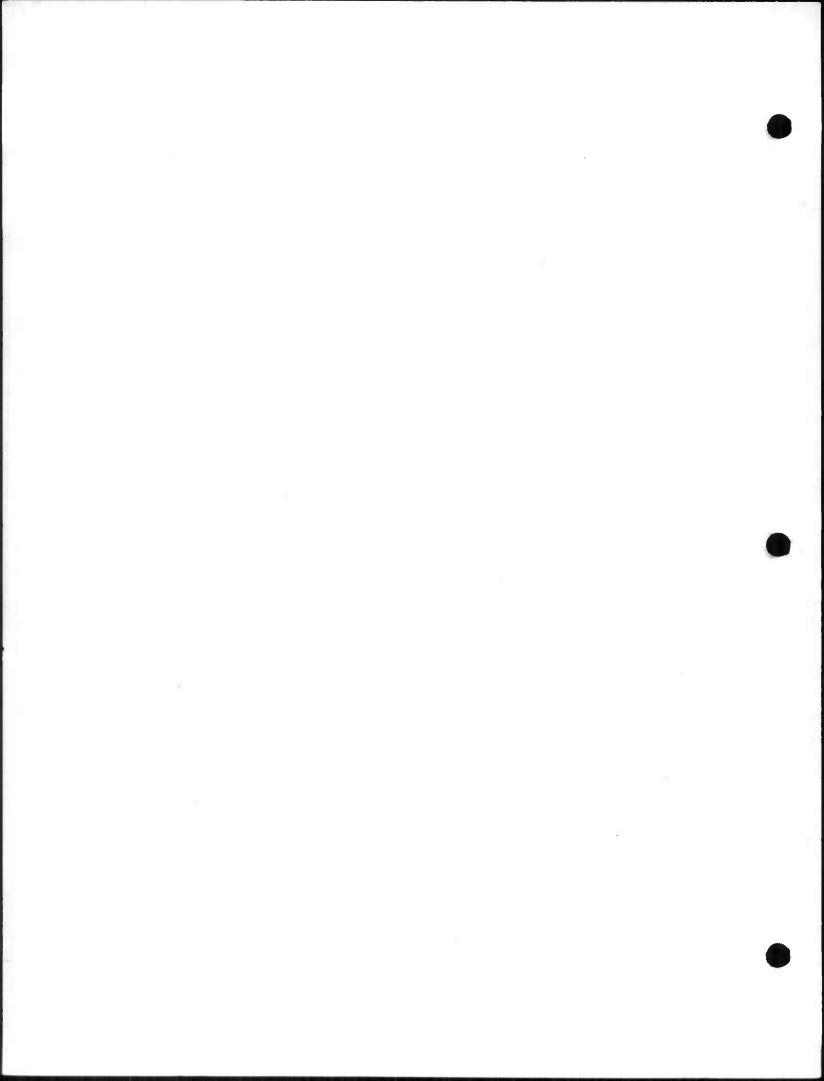
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	Pages		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		ne notified at once
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ATTE	9	s afte	28
108	DIRE	hin 72 hours after death with	IDORTANT: If item 28 is marks
SPITAL	INERAL	e filed within 72 ho	T. 16
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TO BE COMPLETED BY FUNERAL DIRECTOR

											5	6	02/63	
1 - STATE REGISTRAR		STATE OF I	MARYLAI				HEALTH F DEAT		MENTA	L HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, ANNA		. W1	5/				2. DATE OF DEATH DAY JEAR JANUARY 31 96				3. TIME OF DEATH			
4. SOCIAL SECURITY NUMB	yrs. last birthde	MONT	INDER 1 YEAR		24 HRS.	7. DATE (Mont	OF BIRTH		6. BIRTH Country	PLACE (State or Foreign				
235 30 5		1 🗌 M 2 💢 F	85	YRS					July					
9a. FACILITY NAME (If not in	CITY CO.				сту, тоwn Baltir	N OR LOCATI	ON OF D	EATH		9c. COU	NTY OF DI	EATH		
Harbor H		i center			E	Sal Uli	nore					N/A		
10a. STATE	10b. COUNTY					WN OR LOC							10d. INSIDE CITY LIMITS?	
Maryland	N/A	\		I	Balt	imore	e						1 ₹ YES 2 NO	
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT C														
3820 West	Bay A						212					J.S.A		
1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		It yes,	specify Cubs	n, Mexica	en, Puerto	N? (Specify Yea Rican, atc.)	or No—	Black	— American Indian, i, White, atc.	
3 🔀 Widowed 4 🗌 Divo	rced	IF YES, GIVE Y	WH OH DATE	Eð	ŀ	1 🗆 7	ES 2 NO	Specif	У.			Specif	White	
15. DEC (Specify only	EDENT'S EDU	CATION completed)	1	6a. DECEDENT			TION most of working	10	168	. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0 9th	1-12)	College (1-4 or 5	+)	Secre	use reti	red.)				Montgo	omery	/ War	ds	
17. FATHER'S NAME (First, M		amue1	Marko	vich			18. MOT		ME (First, rie	Middle, Malden (ur	Sumame) nknov	m)		
190. INFORMANT'S NAME (7) Shirley T							y Ave			altimo			land 21225	
20a. METHOD OF DISPOSIT				LACE AND DAT					DAT	E 20c. LO	CATION -	City or To	wn, State	
1 X Burlal 2 Crematic 4 Donation 5 Other		oval from Stata	G1	ery, crematory of en Hav	en other p	Memor	rial F	ark	2/:	3   G16	en Bu	ırnie	, Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		0		CON NAME	AND ADDRE	SS OF FA	CO F	uneral	Hom	o D 7	1	
Han	17/1	Zum	101	wh!	۲		_						i. 21225	
23. PART i, Enter the di	iseases, or o	complications the	1 coused t	he death. D	o not e								Approximate interval Between	
IMMEDIATE CAUSE (Fir					,	-							Onset and Death	
disease or condition resulting in death)	<b>→</b>			TORY		141	LURT	7					3 DA48	
				ONSEQUENCE		MON	IA						30A45	
Sequentially list condit if any, leading to imme	diate		OR AS A CHEIM	ONSEQUENCE	OF):	SNE	VIIA						YEARS	
CAUSE (Disease or injuthat initiated events		c. //	/ - 6	CONSEQUENCE		Ca of Oa	• , ,,,						100175	
resulting in death) LAS	т				.,									
		0,						-						
PART II. Other aignifica	int condition	s contributing to	deeth but	not resultin	g in th	e underly	ing ceuse	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
-										1 - YES 2	NO.		OF DEATH?	
DID TORACCO II	ICE CONIT	DIDLITE TO CA	LICE OF	DEATH	VEC [		DE LINK	EDTAI	N. 🗆				1 TYES 2 NO	
DID TOBACCO U		VIDOLE IO CY		DEATH B. PLACE OF D				ERTAI	14 🗆	<u> </u>				
EXAMINER?		HOSPITAL:	ER/Output	lent 3 🗆 DO/		HER:	lome 5 🗆 R	eldence	8 Oth	er (Specify)				
	Pending	26e. DATE Of (Month, I	INJURY	28b.	TIME OF	28c.	INJURY AT WORK?	NO		SCRIBE HOW I	NJURY O	CURED		
3 Suicide 8	Could not be determined	28e. PLACE ( building	OF INJURY — , atc. (Specify	- At home, ten	n, street					CATION (Street of or Town, State)		or or Rural F	Route Number,	
200 CERTIFIER A.														
(Check only														
29b. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER  MALON. WELLOW, M.D., I RESIDENT AS 24416/426 DEPENDING COMPLETED CAUSE OF DEATH (VEN 27 (FOR CHILL))													
30. NAME AND ADDRESS OF	WAHB	O COMPLETED CAL	S. 11A	H (ITEM 27) (7	rpe, Print	TREE								
31. DATE FILED (Month, Day,	Year)	Alia Dane	AFTS SHOPE	UNE			· · · · · ·							
FEB 0 5	1330	the tome	SEA THE	THE STATE OF										



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 6

		Certificate of Death Reg. No.
Physici /Medic		1. Decedent's Nama (First, Middle, Last)  DONALD JOSEPH WALLACE  2. Deta of Death Month Dey Year 3. Time of Dee 73 1.
Examir Funeral		4a. Fecility Nema (If not institution, give street end number)  4b. City, Town, or Location of Deeth  4c. County o
Director		218-041-384
Ba-f show	Director	10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Lin 1 Yas 2 1
in 72 hours after death with the Maryland "neturel", or items 23s or 28s-( show issical Examiner must be notified at	Funeral Dire	109. Street and Number  109. Citizen of What Country?  4605 Ridge Rd.  11. Maritel Stetus  12. Wes Decedant Ever in U.S.  13. Was Decedent of Hispanic Origin? (Specify Yes or No-
al', or iten	by	11. Maritel Stetus  1 Nevar Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decedant Ever in U,S. Armad Forces?  13. Was Decedent of Hispanic Origin? (Specify Yes or Nolif Yas, specify Cuben, Mexican, Puarto Rican, etc.)  14. Race - American Indian, Black, White, etc.  1 Nevar Married 2 Merried  3 Widowed 4 Divorced  12. Wes Decedant Ever in U,S. Armad Forces?  1 Nevar Married 2 New Decedant Ever in U,S. Armad Forces?  1 Nevar Married Ever in U,S. Armad Forces.  1 Nevar Married Ever in U,S. Armad Forces.  1 Nevar Married Ever in U,S. Armad Forces.  1 Nevar Married
within 72 ane. than "nat	Completed	15. Decedant's Education (Specify only highest grada completed)  Elemantary/Secondary (0-12) 8th grade  16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired)  B.G. & E. Co.  Foreman-Rigger
Hygin	Be Co	17. Fether's Nema (First, Middle, Last)  18. Mother's Nama (First, Middle, Maidan Sumame)
Vental rked o	To B	Frederick Joseph Wallace Hilda Heinekamp
h and h	•	19a. Informent'a Neme/Raiationship (Type, Print)  19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)
Health tem 27 other tr		Mrs. Helen C. Wallace / Wife 4605 Ridge Road Mt. Airy, MD 21771
H: H J		20a. Mathod of Disposition  1  Burial 2 Cramation 3 Ramoval from Steta 4 Donation 5 Other (Specify)  20b. Plece of Disposition (Nama of cametary, crematory or other place) Lake View Memorial Park Feb. 3  20c. Location - City or Town, State Sykesville, MD
Departmen Important: any injury once.		22. Signature of Finaral Sarvice Licensea  22. Nama and Address of Fecility Burrier-Queen Funeral Directors, P.A.  1212 W. Old Liberty Road Winfield, MD 21784
hysician /Medical Examiner	). 	23a. Part. In er tha disease, or complications that cause of e death. Do not anter the mode of dying, such as cardiac or respiretory errest,  Approximate that wall Batweer Onset and Death  Immedia e Cause (Final disease or condition resulting in deeth)  Due to (or as a consequence of):
the attending physician and hed for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  Dua to (or as a consequence of):  A My Occard A A Day Oxy S mal (years)  A triall fibrulation  C. Hx My Occard A A Day Oxy S mal (years)  A triall fibrulation  C. Hx My Occard A A Day Oxy S mal (years)  Due to (or as a consequence of):  A concern S Mark S mal (years)  Due to (or as a consequence of):  A concern S mal (years)
ed by the attendir detached for use	Physician/M	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  23b. Did tobacco use contribute to the cause of de
5 6	by Phy	Abdaninal Aortic Ancerysim 1200 20 No 30 Probably 40 Unks
(7)	Completed	Chranc obstructure Aulm. disease 24a. Was an autopsy performed? 24b. Wara autopsy findin avoilible prior to completion of cause of death?
ficate h		1   Yas 2   No   1   Yas 2   No
r death.	ation: To Be	25. Wes casa referred to medical axaminar?  1
With 12 hour after death.  To Europe Director: After completely filled in by the fune	Certification:	3 Suicida 6 Could not be datarmined 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28e. Place of Injury - At homa, farm, streat, factory, office City or Town, State) 28f. Location (Streat and Number or Rural Route Number, City or Town, State)
En 24 hor pletely fil	ledical	29a. Certifiar (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and mannar as stated.  2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mennar stated.
S P O	Σ	29b. Stineture and title of certifier  A.D 29c. Licansa number 29d. Data signed (Month, Day, Year) 211196
Sta		30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print) Suite 102 Billingslea Bildg  John E. Steers M.D. 295 Stoner Ave, Westmin Ster  31. Date filed (Month, Dey, Year)  32. Registrar's Signatura  2115.

The second secon The second of th

DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year)

FFR 0 5 1996

32. REGISTRAR'S SIGNATURE

	isit permit.	
TO THRHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TIP, THE PUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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OR ATTEND	TID THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi Be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPITAL C	UNERAL D	ANT: If It
THE C	De filed w	IMPORT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MAYE. WHITLOW YEAR 8 FEBRUARY 1996 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 327-20-1209 1 □ M 2 🏹 F 93 May 29,1902 Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Baltimore Randallstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10h COUNTY 10d. INSIDE CITY Md. Baltimore Owings Mills 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 12323 Greenspring Ave. 21117 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 It yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 N NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced Specify BY White ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY idery (0-12) College (1-4 or 5+) COMPL Housewife 10 Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ed Stump Abigail Conner BE t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Alene Kornman 12323 Greenspring Ave., Owings Mills, Md. 21117 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE Metro Crematory Feb. 5, 1996 Baltimore, Md. 4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21117 Ec blace Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 23. PART i. Enter the diseases, or complications that caused this death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel **Onaet and Death** diseese or condition LOWER GASTROINTESTINAL BLEEDING 3 DA-15 resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO ARTERIOSCLEROTIC CARDIOVASCULAR COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO DISEASE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 26c, INJURY AT WORK?
1 YES 2 NO 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be ETED. 4 Homicide 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3 1996 K.S. RAO. M.D M > FEBRUARY D 43462 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

K. S. RAC. MI. O RORTHWEST HOSPIT

RANDALLSTOWN HOSPITA L

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within float in the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

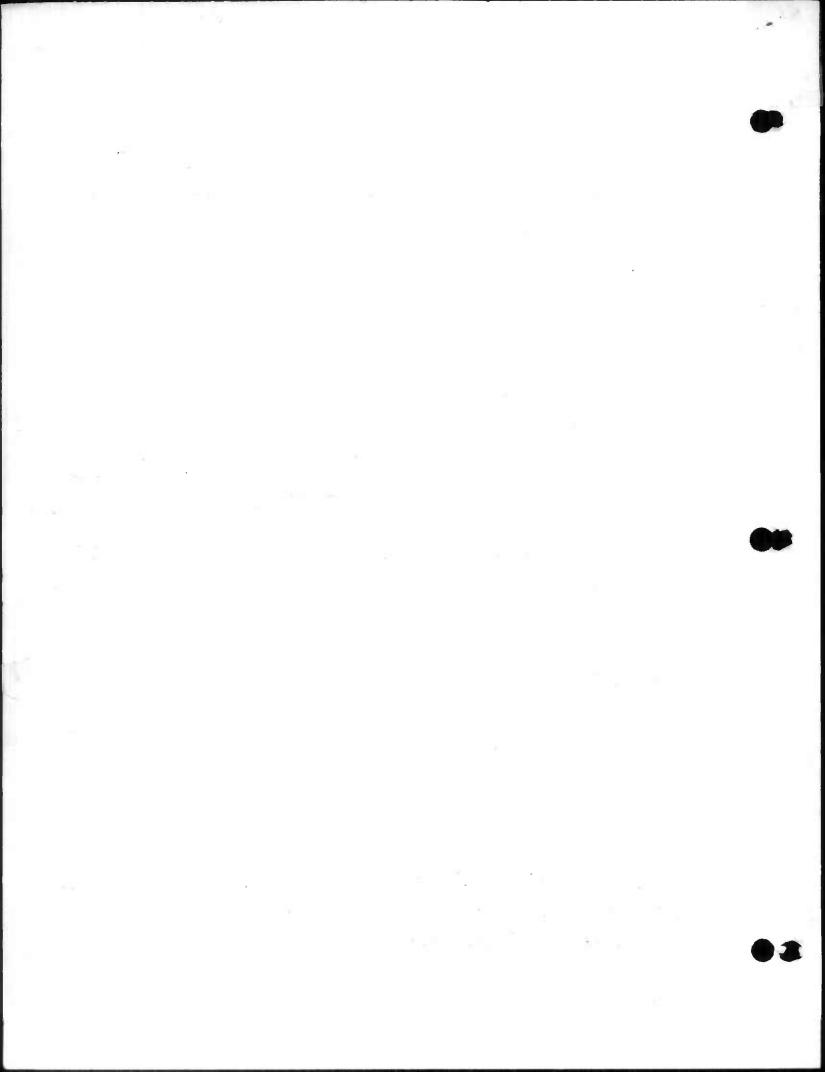
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS:	1.6.9a,9b,9c,	PER	FH	FILM	G - 732	2/6/96	t.t
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Leet)	Suck .	LILLIAN EMM	A BOCK		2. DATE OF DEATH MONTH DAY	9 VEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 214-24-2501	1 □ M 2 🗹 F	89 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	MAT	RYLAND				
90. FACILITY NAME MERIDIAN NURSING CENTER  90. CITY, TOWN OR LOCATION OF DEATHSE VERNA PARKS. COUNTY OF OR  RESIDENCE OF DECEDENT											
MARYLAND AN	NE ARUNDEL		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
100. STREET AND NUMBER  24 TRUCKHOUSE ROAD  101. ZIP CODE  109. CITIZEN OF WH 21146  U.S.A											
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (100	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	or No — 14. RAC Black Spe	E — American Indian, ik, White, stc. ohy:				
15. OECEDENT'S EDU( (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work ille, Do NOT use re	done during mo tired.)	st of working	16b. KIND OF BUSI		WILLE				
17. FATHER'S NAME (First, Middle, Last)	N/A	HU	MEMAKE		OWN HOI  ME (First, Middle, Meiden S						
HARRY	KINGSMORE			MARY		WOLF					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town,						
LILLIAN E. THOMPS	206.		IGLERVILLE RD., GETTYSBURG, PENNSYLVANIA 17								
4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		DUDON PARK	CEMET		BALT	IMORE, M	ARYLAND				
M. Harrya	Hacking		GLEN	BURNIE.	UE, S.W. MARYLAND	21061	AL HOME				
23. PART I. Enter the diseases, or cahock, pr heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly Dne cause Dn ei	ach line.				atory arreat,	Approximate interval Between Onset and Peath				
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  a. Product Cardia Car											
PART II. Other algnificent condition	contributing to deeth be	ut not resulting in the	he underlying	ceuse given in	Pert I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS				
Lepatobil	lary (	ancin	oma	-term	1 Tes 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
DID TOBACCO USE CONTR		26. PLACE OF DEATH (C	NO Check only one)	UNCERTAIN	10						
1 TYES 2 NAO  27. MANNED OF DEATH	1 Inpatient 2 I ER/Outp	ntlent 3 DOA 4 B	Nursing Nom	5 🗆 Residenca							
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO											
3 Suicide 8 Could not be determined	building, etc. (Speci	ify)			28f. LOCATION (Street an City or Town, State)		Route Number,				
2 MEDICAL EXAMINE	CIAN: To the best of my knowler:  R: On the beele of examination						a) and manner ae stated.				
30. NAME AND ADMINISTRATION OF CERTIFIER	bulk	m- D		29c. LICENSE NUM	1 6 7	29d. DATE SIGNED	(Month, Day, Year)				
31. DATE FILED (((Gr)h, Dey, Year)	Dar beh	M.D.	841	8 Btb	1 B) V4-	Parador	a Md				



DHMH-18 Rev 1/89



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Dev BLUMENTHAL ETHEL FEBRUARY 1,1996 9 am /Medical 4e. Fscliity Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JEWISH CONVALESCENT HOME BALTIMORE BALTIMORE If Undar 1 Yaar if Under 24 Hrs. Houre Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) Deta of Birth (Month, Day, Year) **Funeral** Houre Months Days 1□M 2□F 74 Yrs Director 227-16-4543 FEB. 25, 1921 VIRGINIA Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at Director 1 Yes No **VIRGINIA** NORFOLK NORFOLK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23505 USA 7718 RESTMERE ROAD Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Wes Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican indisn, Bieck, White, atc. 72 hours efter 1 ☐ Nevar Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Specify: WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elemantery/Secondary (0-12) Coilege (1-4or 5+) BOOKKEEPER ACCOUNTING 12 permit. Peges 1 and 2 should be filk Department of Health and Mentel Hy Important: If Item 27 is marked other any Injury or other traumatic event 18. Mother's Nema (First, Middla, Maidan Surnema) 17. Fathar's Nama (First, Middle, Last) Be EVA TABACHNICK HEIFFER LOUIS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 1 WEST ROSEMONT AVE. ALEXANDRIA, VA(22301) DR. DAVID BLUMENTHAL (SON) 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐XBurisi 2 ☐ Cremation 3 🖒 Removei from State 4 ☐ Donetlon 5 ☐ Other (Specify) MICRO KODESH 2-2-1996-NORFOLK, VA 21. Signature of Funerei Service Licenses 22. Neme and Address of Fecility
SOL LEVINSON & BROS., INC. 1000 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Csuse (Final disease or condition resulting in deeth) MALIGNANT BRAIN TUMOR /Medical Examiner Examiner physician and s the burial-transit The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated avents resulting in death) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): Pert fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the should be detached 23b. Did tobacco use contribute to the causs of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 200 No 1 ☐ Yes 2 ☐ No certificata Division of Vital To the Hospital or Attending Physician: within 24 hours after death. 25. Was case referred to medical examiner? Be 28. Place of Death (Check only one) Other: 4☑ Nursing Homa 5☐ Residence 8☐ Other (Specify) Certification: To 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. injury et Work? After 5 Pending investigation 1 Neturai 2 Accident 1 TYes 2 No within 24 hours after death To the Funeral Director: / completely filled in by the 6 Could not be 28a. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the cause(s) end menner stated. Medical 29e, Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and eddress of person who completed cause of death (item 23a) (Type, Print) MA

State Registrar

31. Deta filed (Month, Dey, Year)

FEB 0 6 1996

32. Registrar's Signature

Melia Davekor Revolate

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02768

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1	Examir	ier	1111		ch Raven						TOWS				4c. County of Death BALTIMORE		
	Funeral		5. Social Security N		6. Sax	7. Age	a (In yrs. last birt	hday)		1 Year	If Undar	24 Hrs.	8. Date	of Birth			
	Director		217-20-77		1□M 2□F			rs.	Months	Days	Hours	Min.	(Mon	of Birth th, Day, Y	1910		laca (State or Foreign try) CAROLINA
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	how		10a. State	10b. County			10c. City, Town									1	0d. Insida City Limits
	Ma Ma	Sto	MARYLAND	BALT	IMORE			TOT	SON								1 ☐ Yas 2 ☐ No
	n 72 hours after deeth with the Maryland "natural", or Herra 23a or 28a-f show solicel Examinet must be notified at	Director	10e. Street and Nur	mber				10f. Zip Coda						10g. Citizen of What Country?			
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	de de	Funeral	11. Marital Status		12. Was De	12. Was Decedent Evar in U,S. Armed Forces?				dent of H	ispanic Or an, Maxica	igin? (Sp	ecify Yes Rican, at	or No-		e - Amaric	
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Maryland 21215-0020	d 2 should be and Mente 7 is marked traumatic e	2	19a, Informant's Na		or Ingra	111	106	Mallina	Addran	Strant			Bowm		City or Town,	Ctate 714	Codel
Ma	d 2 sh ar				n Butler					•					2113		0000)
	- P E E		20a. Method of Disp				20b. Place of	Dispos	ition (Nar	na of		, 111	Data		c. Location		wn. State
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68	certificate be executed ding physician and se as the buriel-transit	/Medical	rasulting in death) t	Last	H	ı n	oue to lot as a co		-								
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p	v requiras been sign should be												24a.	. Was an a			are autopsy findings allable prior to
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g,			27. Manner of Death		28a. Data		y 28b. T			8c. Injun					injury occur		in- m
Division	Attending or death.	Certification:	1 ☑ Natural 2 ☐ Accident	5 Panding investig	ation	, Jay	,/ III	Joi y	М		Yes 2	No					
Vis	er de recto	tific	3 ☐ Suicide 4 ☐ Homicida	8 Could n determi	ned 289. Plac		ry - At home, far . (Specify)	m, stra	at, factor	y, offica				tion (Stre		oer or Rura	l Route Number,
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After by completely filled in by the funeral	edical	29a. Cartifiar (Check only	1 Certifying	Physician: To the examinar: On the b	a best of	f my knowledga,	daath o	occurred	at tha tim	na, data ar	d place,	and dua t	to the cau	sa(s) and ma	annar as st	ated.
	the H the F the F		one)		and mar	nnar sta	ted.	W IIIV8				ur occurr	ou at tria				
	To To To To To To To To To To To To To T	2	29b. Signature and	titla of certifier	V. T.	···	Ruai	en	290	. License	e number $306$	61		290	Date signe	d (Month,	Day, Year)
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	5		30. Nama and addre	ass of person v	who complated cau	isa of da	ath (Itam 23a) (	Type, P	rint)								
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4a, ε 12, PER Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. ITEMS: State of Maryland / Department of Health and Mental Hygiene 9 6 F.H. FILM G-732 2/6/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** BARRETT HESTER IDPM FEBRUARY /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** LIBERTY MET MEDICAL CENTER BALTIMORE n/a If Under 24 Hrs. 8. Hours Min. Date of Birth (Month Day, Year) JUN.8, 1922 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1∏M 2□ F Months Deys HARFORD CO.MD 73 Yrs. Director 215-16-7796 Usual Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ehow. 7 is marked other than "naturel", or items 23s or 28s-f shot treumstic event, the Madical Examiner must be notified at BALTIMORE MD n/a 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? UNITED STATES 21201 607 PENNSYLVANIA AE. permit. Pages 1 end 2 should be filed within 72 hours effer death. Department of Heelth and Mental Hygiene. Important: If flem 27 is marked other than "naturel", or items 23s any injury or other treumetic event. In Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes ZA No If Yes, Give 14. Race - American Indian, Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 Never Merried XX Married 1 Yes 2√No f Yes, Give Year or Dates: 1-43/4-46 Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 18b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) PEPSI COLA TRUCK DRIVER th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) BARRETT BOND **JOSEPH** 19a. Informent'e Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) AVENUE, BALTIMORE, MD 21218 GREENMOUNT AMELIA SCOTT 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece 20c. Location - City or Town, State XX Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) -8 OWINGS MILLS, MD GARRISON FOREST VA CEM. 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility WM. C. MARH F.H.- 1101 E. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** Immediete Cause (Final disease or condition resulting In death) /Medical CONGESTIVE HEART FAILURG Examiner Examiner ATHERDSCLEROTIC CARDIOVASCULAR DISCASE physician and s the buriel-transit Sequentially tist conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last HYPERTENSION Physician/Medical Due to (or es e consequence of): REPEAL 98 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by a 1 | Yes 2 No 3 | Probably 4 | Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed has 1 Yes 2 MNo 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 12 npatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of Certification: 28c. tnjury at Work? 5 Pending Investigation 1 Matural 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signeture and title of certifier

Division of Vital Records, P.O. Box 68760 To the flospital or Attending Physicien: within 24 injurs after death.

To the Fundral Director: After this certific complitely filled in by the funeral director,

Baltimore, Maryland 21215-0020

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

MD

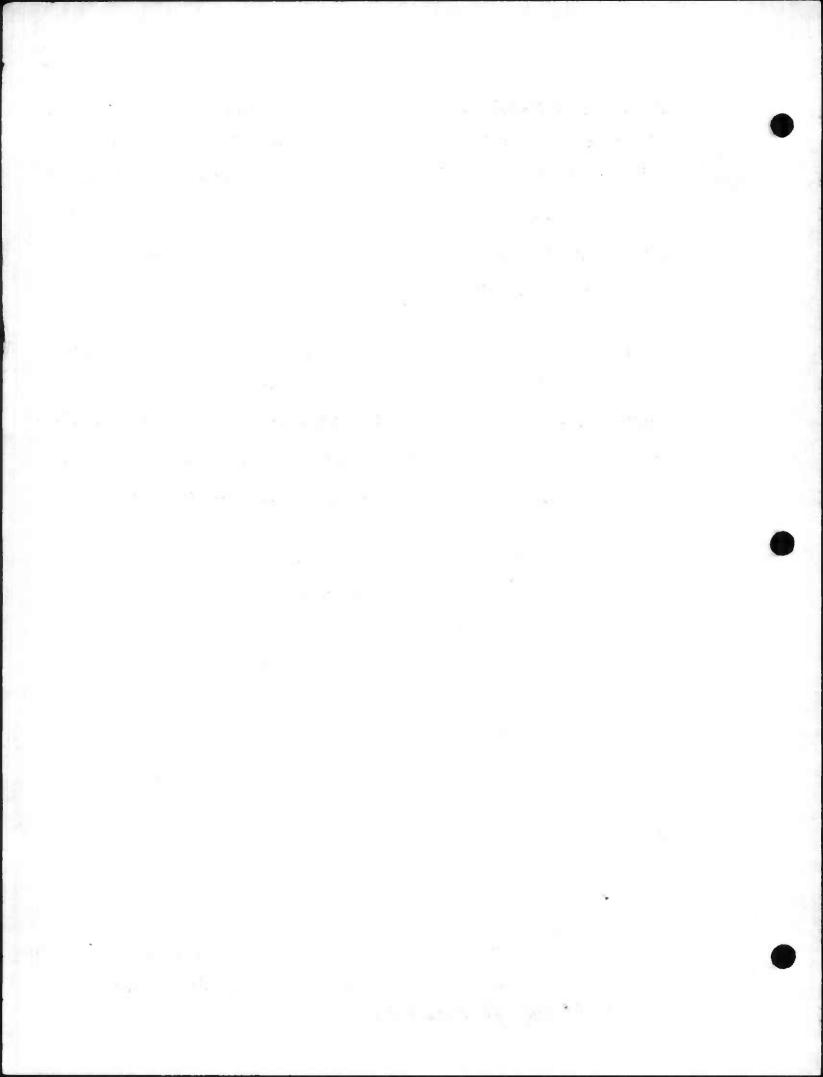
29c. License number

29d. Date signed (Month, Day, Year)

VICTOR ONYGIAKA LIBERTY MEDICAL CENTER BALTIMORE 31. Dete filed (Month, Dey, You

Registrar

32. Registrar's Signature



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death Reg. No. 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Michae broadway 18:35 Douglass Feb 1996 4a. Facility Name (If not Institution, giva strant and number) 4b. City, Town, or Location of Death 4c. County of Death Manor Baltimore /A Home Nursing 8. Data of Birth
(Month, Day, Year) 7. Aga (In yrs. last birtholdy) 35 Yrs. If Undar 1 Year If Under 24 Hrs. Hours Min. Birthpiace (State or Foreign Country) 5. Social Security Number Days Months 1 M 2 F 214-76-2452 Usual Rasidence of Dacedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Counfry? 4026 Road 21215 dardal 12. Was Decedenf Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Giva Yaar or Dates: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) Race - American Indian, Biack, White, atc. 1 Nevar Married 2 Married 1□ Yas 2 No 3 ☐ Widowed 4 ☐ Divorced Specify: Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Poultry Meat Cutter grade 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Surname) Barbara Jessie Broad wal Coosen berry 19a. fnformanf's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4026 Cedardale Road, Baltimore John F. Chase uncle Md 21215 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State Data 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Spacify) 2-7-96 Glen Burnie, Md edar 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
March Funeral Home-West 4300 Wabash Ave, Baltimore, Md 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death R.DIDPUL MONARY Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last Due to (or as a consequence of): INFECTION BRAIN FUNGAL Dua fo (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 20 No 1 Yes PKNo 26. Place of Death (Check only one) Other: Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28d. Describe how injury occurred

ath certificate be executed Box 68760, attending physician Physician/Medical Division of Vital Records P.O. ss that the à Completed peeu The law hes certificate or Attending Physician Be Certification: To this After efter death.

**Physician** 

/Medical

Director

Funeral

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Completed

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Examiner

**Funeral** 

Director

the Maryland

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryla Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or itema 23a or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

**Physician** 

/Medical Examiner

Baltimore, Maryland 21215-0020

Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I.

25. Was cese referred to medical examiner? 1 Yes 3 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Nstural 5 Panding 1 Yas 2 No 2 ☐ Accident invastigation 6 Could not be detarmined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Medicai 29a. Cartifian

Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and place, and dua to the cause(s) and mannar as stated.

— Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signature and title of certifier (howard)

29c. License number

29d. Date signed (Month, Day, Year) BALTIMORE

30. Name and addrass of person who completed ceuse of death (Item 23a) (Type, Print)

RADCLUTE M. THOMAS MD. 6800 LIBERTY

31. Dafa filed (Month, Day, Year)

FEB 0 6 1996



State

Registrar

within 24 hours eft.

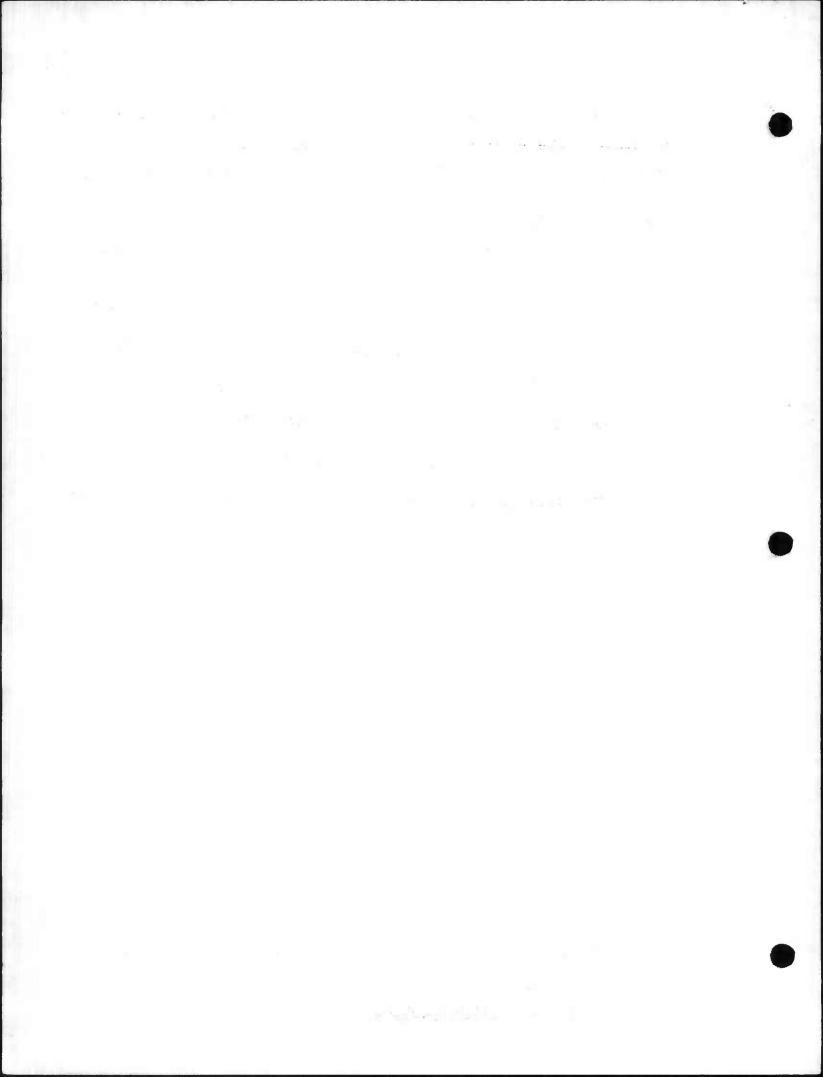
To the Funeral Dir

completely filled in Hospital

To the

State of Maryland / Department of Health and Mental Hygiene 6 0277

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		The Johns Hopki					Baltimo	re City		n/a			
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and **		10a. Stete 10b. County		10c. City, Tow	m or Local	tion				10d. inside City Lim			
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cuted	Examiner	Sequentially list conditions		Due to (or es a			· Con			) years			
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4		30. Name and eddress of person wh	complated ceuse of de			nt)							
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State of Maryland / Department of Health and Mental Hygiene

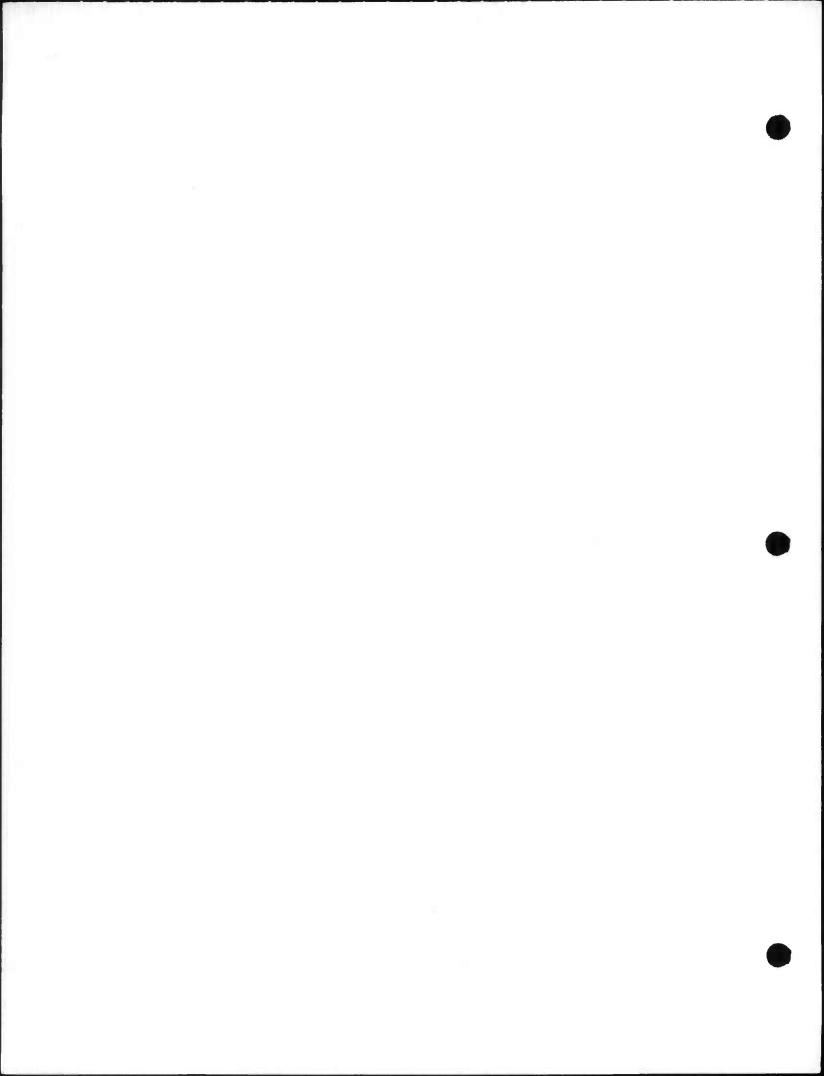
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	dand w			Ob. County		10c. Cit	y, Town or Lo	ocation		-		10	0d. Inside City Limits	
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ith certificate be executed within 24 hours after death	s certificate has been signed by the attending physician and completely filled in by the funer th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3 ATTENDING PHYSICIAN: The law requires that the dea	RECTOR: After this certificate has been signed by the att are after death with the State Dept. of Health and Menta	m 28 is marked, or Item 23 shows any Injury,
TO THE HOSPITAL OF	TO THE FLINERAL DIF	IMPORTANT: If Ite

	1 - FOR STATE OF MAR			MENT OF H				YGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		WEAR	3. TIME OF DEATH	
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m	9e. FACILITY NAME (if not institution, give street and number)		9	b. CITY, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	TY OF D	EATH	
ECTOR	203 Chalmers Ave.			Gle	n Bu	rni	e		Anne	Ar	undel	
DIREC	10a, STATE 10b, COUNTY		10c. CITY, 1	OWN OR LOCAT							10d. INSIDE CITY LIMITS?	
	Md. Anne Arundel 100. STREET AND NUMBER			Glen	Burr ZIP CODE				10g. CITI	ZEN OF V	1 TYES 2 NO	
FUNERAL	203 Chalmers Ave.				2106	51				USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rES 2 N	MED IO		city Cubar	ı, Mexicar	IC ORIGIN? (Sp n, Puerto Rican,		or No-	No- 14. RACE - American Indian, Black, White, etc. Specify: White		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/Gi	we kind of worl	UAL OCCUPATIO	N et of working	0	16b. KIND	OF BUS	INESS/IND	USTRY	WIII CC	
PLE	(Give kind of work done during most of working life. Do NOT use retired.)    12th Housewife Own home   17. FATHER'S NAME (First, Middle, Last)   18. MOTHER'S NAME (First, Middle, Melden Surneme)											
Ö	17. FATHER'S NAME (First, Middle, Last)		nouse	MITE	18. MOTH	ER'S NA	ME (First, Middle,	_		me		
BE	James Wands								rowe	r		
2	190. INFORMANT'S NAME (Type/Print)	196		ORESS (Street or								
	Gary Bittner					Ave					21221	
	13/2 Burlel 2 Cremation 3 Removal from State 4 Donafion 5 Other (Specify)	cemetery, crer	metory or other			17/	DATE		ATION —	SALL		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gara	ens_c	F Fai				RO	SSVI	тте	Md.	
	· R Tehnell	111,									Essex	
	23. PART I. Enter the diseases, or complications that cer	used the de	ath. Do not	entar tha mod	Mac de of dyle	ng, such	Ve. B	ali or respin	tmor	e M	Approximata	
	anock, or neart failure that only one ceuse-e	in each line.	_			,			•		Intarval Between Onset and Death	
	immediate cause (Final disease or condition resulting in death)  a. Coucling Arrhythmia											
	DUE TO (OR	AS A CONSEC	OUENCE OF):	0							wars	
ON	Sequentially list conditions, if any, leading to immediate	AS CONSEO	UENCE OF):								gars	
CAI	cause. (Disease or Injury											
CERTIFICATION	that initiated events  resulting in death) LAST	AS A CONSEQ	UENCE OF):									
CER	d											
甘	PART II. Other significant conditions contributing to dear	th but not re	esulting In t	ha underlying	Cause g	iven in F		WAS AN	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	>						_   ' '	YES 2	KD40		OF DEATH? 1 YES 2 NO	
PHYSICIAN:	26 MMC CASE DEFENDED TO AVERAGE									$\perp$		
Si Si	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 200 HOSPITAL: 1 Inputient 2 PRA			THER:			ck only one)					
HYS	27. MANNER OF DEATH 28s. DATE OF INJU	RY	28b. TIME O			idence (	28d. DESCRIBE		JURY OCC	URED		
ВУ Р	Netural 5 Pending (Month, Day, Ye	er)	INJURY	WOF		NO	200.0200		000	ONED		
COMPLETED E	3 Suicide 6 Could not be determined 28s. PLACE OF INJ building, etc. (	URY — At hor Specify)	ne, ferm, stree	et, factory, office			28f. LOCATION City or Tow	(Street earn, State)	nd Number	or Rural R	loute Number,	
IPLE	29e. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the beat of my ki											
S	one)	ation end/or in	nvestigation, i	n my opinion, de	ath occure	d at the t	lme, date and p	elace, end	due to the	cause(e	) and manner se stated.	
TO BE	296. SIGNATURE AND TITLE OF GENTIFIERS			HISKIA	29c. LICE	NSE NUM	2888	7	29d, DATE	SIGNED Z	(Month Play, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	CR.		HWY	#10	66	LEN R	RIT	KE	N	D 21061	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE						1 41		,	2,00/	
	FEB 0 6 1996 John Student	al II										



OF VIT	PHYSICIAN: T	this contificate
DIVISION OF V	OR ATTENDING	TO THE CHAICDAL DIOCOTOD. After this cardiform
	HOSPITAL	CHANGOAL
	出	Title
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1	B.	0

STATE	0F	MARYLAND	I	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	E	RTIFICATE	0	F DEAT	TH.		DEG	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /				EALTH AND DEATH	MEN	TAL HYGIEN REG. NO.	E	0	02//	ŧ	
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATH		
1	ALBERT D. BROWN						JAN	UARY 30,	1996	YEAR	10:20 P	М	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. D	TE OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign	n	
	229-05-8574 1) 9s. FACILITY NAME (If not institution, give street	M 2 F 85	YRS.	11	DAYS	PR LOCATION DF D	1.	EMBER 8,19		POANOKE, VA.			
DIRECTOR	MERIDIAN NURSING CENTER-			BALTI			LAIII		BALTIMORE CITY				
EC	10m. STATE 10b. COUNTY		10c. CITY, TOWN DR LOCATION						10d, INSIDE CITY				
	MARYLAND HARFORD		EDGEWOOD						1 YES 2 XND				
FUNERAL	10a, STREET AND NUMBER		101. ZIP CODE						U.S.A.				
N N	409 LTBERTY COURT	. WAS DECEDENT EVER IN U.S. AR	MED	12 W		21040 ENDENT OF HISPA	NIC OF	ICINO (Carally Van			E — American Indian,		
	1 Never Married 2 Married	FORCES? 1XX YES 2 N	NO	It.	yes, spe	ecity Cuban, Maxico	en, Pue		or No-	Black	k, White, etc.		
BY	3 Wildowed 4 Divorced	1943–194	15	'	TES	2 X NO Specif	ny:			Speci	WHITE		
8	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 150 DE	CEDENT'S	USUAL OC				16b. KIND OF BUS	SINESS/IND	USTRY			
<u> </u>		oflege (1-4 or 5+)	. Do NOT us	e retired.)	unng mo	st of working							
릴	LNKNOWN UNK	NOWN HOUSE	E PAIN	MER .				SELF-EMPL	OYED				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)							rst, Middle, Melden	Surname)				
BE	JOHN W. BROWN					ANNIE MA	Y KE	TSIER					
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural				Code)			
	VIRGINIA BROWN					EDGEWOO	υ, ι						
	20a. METHOD OF DISPOSITION  1	1rom State 20b. PLACE A	AND DATE O	RY, I	VC. F	EBRUARY 1			MORE,				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	₹ <sup>E</sup>				D ADDRESS DF FA							
	> Clostor > d	Book		E.F	F. U	ASSAHN FUN	IERAL D k	_ HOME, P. CINGSVILLE	A. MARY	/LAND	21087-1351		
	23. PART I. Enter the diseases, arcom	plications that caused the de	eath. Do r	not enter t	the mo	de of dylng, suc	ch es	cardiec or respi	ratory err	est,	Approximate interval Betw		
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Fine)										Onset and De		
	disease or condition resulting in death)	Malnu	U	river							3MONT	45	
	DUE TO (DR AS A CONSEDUENCE DF):											-11	
8	Sequentielly list conditions, b	DUE TO ISM AN ANGONSE	igia		1		_	1			3 MONT	イン	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	COFPLUTA	UI /	Acia	Vas	Acci	No.	nt			2 VEAL	20	
E I	CAUSE (Disesse or injury that initieted events	DUE TO (DR AS A CONSE	DUENCE DE	F):	حربت	rica	1		<u></u> .		19/6/11	0	
Ē	resulting in deeth) LAST										/		
E	d												
¥	PART II. Other significent conditions co	ontributing to leeth but not r	resulting	n the und	derlying	g cause given in	Part	i. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDI	NGS	
	The rough	Man I va	MI	ice	VIC	1		1 TYES 2	MO		OF DEATH?	SE	
MEDIC	Asperation	Premoria	VV	/							1 TYES 2 ND		
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLAC OSPITAL:	CE DF DEA	OTHER	_								
YSI	1 TYES 2 70	☐ Inpetient 2 ☐ ER/Outpetient 3		4 Nursi		e 5 🗆 Residence	6 🗆	Other (Specify)					
H	27. MANNEY OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIM	IE OF JURY		PRK?	28d.	DESCRIBE HOW I	NJURY OCC	URED			
BY	2 Accident Investigation			М	1 🔲 '		_						
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm,	street, tacto	ory, offic		26f.	LOCATION (Street : City or Town, State)		or Rurel I	Route Number,		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge, de	esth occurr	ed at the tir	me, data	and place, and du	e to the	cause(s) end ma	nner eg stat	ed.			
N N	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner ea stated.  2 MEDICAL EXAMINER: Do the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Mohits, Day, Year)												
TO BE	Tredric 1. 1180 M.D. D22645 1/31/96												
	REDRIC S	RKIS MID.	M 27) (Type 7151	HOL	ABI	RDAVE	. ,	BALTOIN	ns./	211	222		
	31. DATE FILED (Month, Day, Year)	12, REGISTRAR'S SIGNATURE	ed.										

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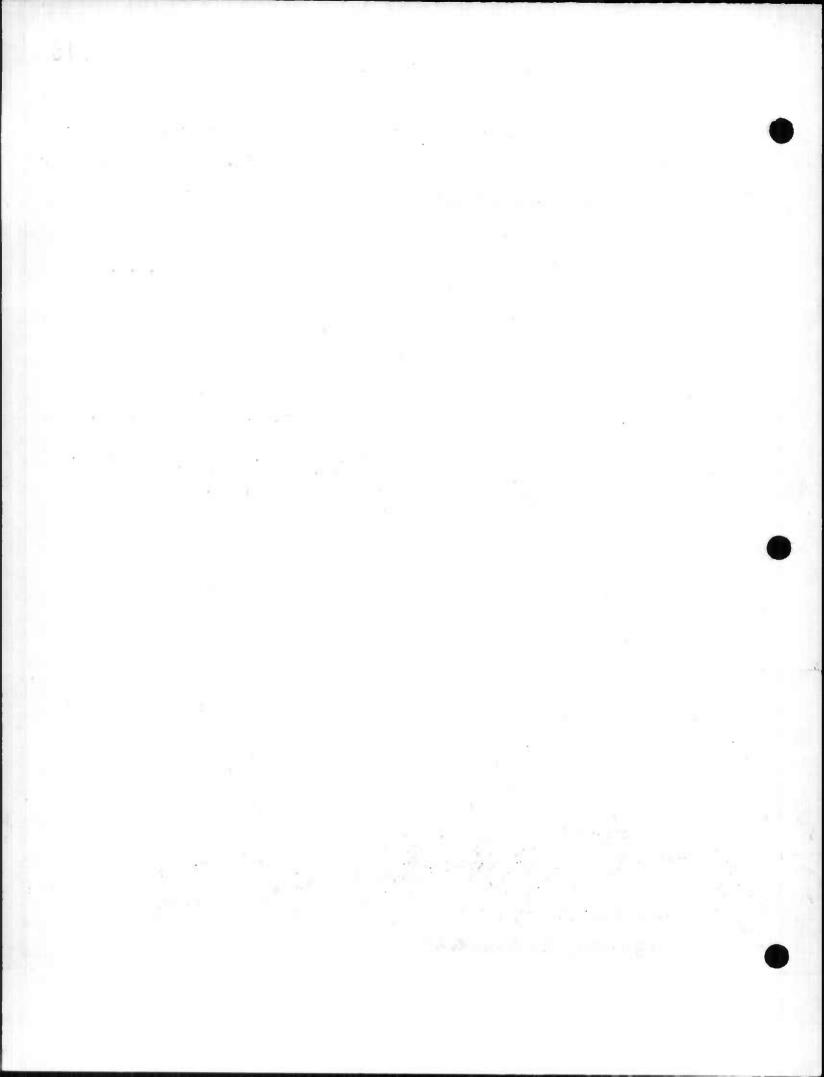
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2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) YEAR P M VIRGINIA BERGER BRENNER JANUARY 1996 12:22 7. DATE OF SHITTH (Month, Day, Year)
Dec. 23,1948 Washington, DC 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X DAYS HOURS MIN. 47 219-54-6522 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY 10c, CITY, TOWN OR LOCATION 10b. COUNTY Pages 10d. INSIDE CITY 10a. STATE XX YES 2 NO Silver Spring Maryland Montgomery 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 20906 14420 Taos Court bunal-transit U.S.A. after death. Page 6 may be retained by the hospital or attending physician 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 27 THO 1 Never Married 2 X Married 1 TYES 2 NO Specify: White BY 3 Widowed 4 Divorced use as the 9 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET 10 Elementary/Secondary (0-12) College (1-4 or 5+) Substitute Teacher Day Care detached Duce. 16 MOTHER'S NAME (First Middle Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) 90 Charlotte Pomerantz te Joseph Berger BE notified funeral director, page 5 should 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14420 Taos Court, Silver Spring, 19a. thFORMANT'S NAME (Type/Print) Md. 20906 David R. Brenner pe 29 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Buriel 2 Cremation 3 Ramoval from State National Cem. 2-7 Arlington, Va. 4 Donation 5 Other (Specify) Arlington 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 27 WE STO PEES PS WHT Funeral Homes lliams Falls Church, Va. 22046 wa completely filled in by the medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between ŏ Onset and Death IMMEDIATE CAUSE (Final The disease or condition resulting in death) 3 days BI-LOBAR PNEUMONIA event. Степ DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to 99 certificate CAUSE (Disease or Injury c. other DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in deeth) LAST 10 the death the atter injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? signed by the PERFORMED? shows any 1 X YES 2 | NO requires 1 YES 2 1 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: has by Dept. MB 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Rem certificate h the State d, or item HOSPITAL: OTHER: 1 YES 2 NO Y□ Inpatiant 2 □ ER/Outpatient 3 □ DOA ATTENDING PHYSICIAN: 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with a is marked, 1 X Natural 1 YES 2 NO Investigation BY death 2 Accident 25a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after d 5 Could not be COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a OR / 29a. CERTIFIER (Check only | 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and piece, and due to the cause(s) and manner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
TMPORTANT: II 2 MEDICAL EXAMINER: On the ition and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE ma 29 Jan 96 RES-000 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER A. BLACKMON, LT, MC, USNR BETHESDA MD 20889-5600 0 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) devoteer 6 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DHMH-16 Rev 1/89

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		1 - STATE REGISTRAR	TATE OF MARYL		RTMENT OF ICATE OF		MENTAL HYGIEN REG. NO						
		1. DECEDENT'S NAME (First, Middle, Last)  AUDREY BUR	31-199	2. TIME OF DEATH									
				'in yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)				
Pin		220-14-750 2-1[ 90. FACILITY NAME (If not institution, give street of	M 2 DF	77 YRS.		Maryland							
3 should	H.	Harbor Hospital	·			DR LOCATION OF		9c. COUNTY	Y OF DEATH				
s 1, 2,	CIC	RESIDENCE OF DECEDENT	Center	le sur sur sur sur sur sur sur sur sur sur		.City.	Md.	<u> </u>	none				
8	DIRECTOR	Maryland non	е		Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?				
permit		10a. STREET AND NUMBER		Гра		ty, Md.		10g. CITIZE	1 1 YES 2 □ NO N OF WHAT COUNTRY?				
physician. burlal-transit permit. Pages 1,	FUNERAL		S.Charles	s St.		21:	230	Unit	ed States				
physician. burial-trar		1 Never Married 2 Married	WAS DECEDENT EVER IN FDRCES? 1 YES	2 VNO	13. WAS DE	. RACE — American Indien, Black, White, etc.							
2 4	ВУ	3√√ Wildowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YE	S 2 NO Spec	tly:	Specify: White					
r aftend use as	TED	15, DECEDENT'S EDUCATIO (Specify only highest grade comp	IN oleted)	16a. DECEDENT'S	work done during m	IDN nost of working	16b. KIND OF BUS	SINESS/INDUS	TRY				
hospital or ached for u	PLE	1011 0 1	ollege (1-4 or 6+)	ille. Do NOT u									
the hospit detached	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	none l	Lielo	orer	18. MOTHER'S N	AME (First, Middle, Meiden	Fruit.	Distributor				
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	BE	011	a A	irey			Elizabe						
retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow						
P P P		Mr. Emanuel L. A  200. METHOD OF DISPOSITION	20h	.PLACEANDDATE			Pasadena		21122 v or Town, State				
T reck 6		4 Donation 5 Other (Specify)	from State   cam	etery, cremetory or o	ther place)		1		Burnie Md.				
death. Pag funeral di  examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSE	E //	1	22. NAME /	AND ADDRESS OF F	Balto						
2 2 3		Vanul C	7 kg	for			neral Ho	me,13	O E. Fort Ave				
in by rem		23. PART I. Enter the diseases, or companock, or heart failure. List	ilicetione that ceused only one cause on e	the death. Do i	not enter the m	ode of dying, eu	ch as cardiac or reepi	ratory arrea	t, Approximata				
		IMMEDIATE CAUSE (Final disease or condition	PNELLE	1011 A					Onset and Death				
od within 24 ompletely fills I. cremation, event, the		resulting in death)	PNEUM DUE TO (OR AS A	CONSEQUENCE O	f):				2 WEEKS				
	N N	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  ALIGN  MECTAL CARCINOMA  2MONTH  DUE TO JOR AS A CONSEQUENCE DF):											
be execut sician and crior to buri traumatic	ĂŢ.												
ertificati ing phy giene p	틸	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):											
e H	CERTIFICATION	resulting in deeth) LAST											
at the deat by the ath and Menta y Injury,	CAL	PART II. Other algnificant conditions co			In the underlying	ng cause given is	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
# 5 E #	Dic	RENAL CELL	CARCIN	VOMA.			1 TES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
5 50 6	: MEDI	DID TOBACCO USE CONTRIBU	ITE TO CALICE O	E DEATH VI	C CI NO F	T INICEDEA			1 TYES 2 NO				
has has Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		F DEATH TE			IN LJ						
SICIAN: The certificate h the State I to or Item	rsic		SPITAL: Inpetient 2 - ER/Outp	etient 3 DOA	OTHER: 4 Nursing Hor	me 5 🗆 Residence	6 Other (Specify)						
HINSO HIN TO	#	27. MANNER OF DEATH  1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY W	JURY AT ORK?	26d. DESCRIBE HOW II	NJURY OCCUR	NEO				
Ann Ann	BY	2 Accident Investigation	26e. PLACE OF INJURY	— At home, farm, i		YES 2 NO	281. LOCATION (Street e	and Number of	Rural Bruta Number				
P BY R	但	4 Homicide 6 Could not be determined	building, etc. (Spec	ify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)	no romber or i	nurai node Rumber,				
Du On AL Din 72 hope H He	PLE						e to the cause(e) end man						
HOSPITAL FUNERAL WITHIN 72 TTANT: IF	COMPLET	one) 2 MEDICAL EXAMINER: On			on, in my opinion,	death occured at th	e time, date and place, en	d due to the c	ause(e) end manner ee stated.				
TO THE HOSPID TO THE FUNERA DE FRED WITHIN Z IMPORTANTE.	BE	296. SIGNATURE AND TITLE OF CERTIFIER MEDICINE RESIDENT 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)											
₽ ₽ 3 <b>₹</b>	10	USha Suttan  ASS2441614-25 DANUARY3151996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print) HARBOR HOSPITAL CENTER,  USHA SRIHARI VEMULAKONDA 3001, SOUTH HANDVERSTREET, BALTMORE MD											
		USHA SRIHARI VE	MULAKOI	NDA 3	100/2501	UTH HAN	JOVERSTRI	EET B	ALTMORE MD				
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE									
		FEB 0 6 1996 A	his dander	artall									

ne manera A. R. . . Jelson

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02777

							Ce	rtificate	of Death		Reg. I	No.		
	Physic	ian	Decedent's Neme (First,     Decedent's Neme (First,			. 41				2. Date of D Month	eath		Yeer	3. Time of Death
Л	/Medi				es Chen					Month Feb.	-	.996		7:30 p.n
P	Exami	ner	4e. Facility Name (If not ins Westminster 1			11000	nter	4b. Cify, Town, or Location of Death Westminster Carroll						
	Funeral Director		5. Sociel Security Number 213–36–7907		Sex 1 □ M 2]X0 F	7. Age (In yrs 96	last birthday, Yrs.	If Under 1 Y Months De	eer If Under 24 H ays Hours M		irth ay, Yeu	.899	9. Birthpi Count Mar	ece (Stata or Foraign try) yland
	pur *		Usual Residence of Deceder			100 C	ity, Town or L	ocetion					144	ad toolds Ob. Healt
	e Maryla	ctor	2	ltim	ore	100.0		ngs Mill	.s				10	1 ☐ Yes 2 No
	th with th	al Dire	10e. Street and Number	ensp	ring Av	e.		10f. Zip Coo	de 21117		10g.		Yeer 7:30 p. County of Death Carroll  9. Birthplece (State or Foreign Country) Maryland  10d. Inside City Limits 1 Yes 2 No. 4. Raca - American Indian, Black, White, etc. 6. Specify: White d of Business/Industry  10mmaker 10mm, State, Zip Code) 1. 21117 11 ation - City or Town, State 12 Mills, Md. 21117 13 Mills, Md. 21117 14 Approximate Interval Between Onset end Death 1 Mo 1 Mo 2 4 Morkinov  2 4 b. Were eutopsy findings evaluable prior to condition of cause of death? 1 Yes 2 CM6	
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Itema 23a or 28a-f show int, the Medical Examinat must be notified at	by Funeral Director	11. Marital Stetus  1 □ Never Merried 2 □  3 □ Widowed 4 □ Div		12. Wes Dec Armed For 1 Tyes If Yes, Gi Year or D	2 □No ve		Was Decedent If Yes, specify 0 1 ☐ Yes 2X	of Hispanic Origin? Cuben, Mexican, Pu No <i>Specify:</i>	(Specify Yes or Nerto Rican, etc.)	lo-		k, White, e	etc.
5-0	n 72 ho	eted	15. Dec	edent's E	ducation ada com <i>pleted</i>		16a. Dece	dent's Usual O	ccupetion	vorkina	16b.	Kind of Bu	siness/Ind	iustry
21215-0020	within one. then	Completed	Elementary/Secondary (0			1-4or 5+)		DO NOT use re lousewii	ona during most of v stired)			Homen	naker	
P	Hygine after		17. Fether's Name (First, M	ddla, Last	)		-	18. Mother's Name (First, Middla, Maldan Surnama)						
/lan	Aental Aental rked o	To Be	John J.	Dan	nenmann				Maı	ry Ohler				
Baltimore, Maryland	alth and A		19e. Informant's Name/Rele Mirian Rete		Type, Print)				reet and Number or Ave., Owi					Code)
	pemit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if tem 27 is marked other than any injury or other traumatic event, the Medics.		20a. Method of Disposition 1 ☐ Burlel 2 ☐ Crems 4 ☐ Donetion 5 ☐ Oth			Ctata	cematary, cra	osition (Nama of matory or other las Ch.	place)	Date 7,1996				
Balti	permit. Departminports any inju		21. Signature of Funeral Se	////	1111		2	2. Name and Ad	dress of Facility	al Chanel	1		211:	17
Ė			23a. Part 1. Enfer the disea	se, or com	plicetions that	caused the dee	th. Do not en	11605 ter the mode of	Reisterst	liec or respiratory	Ow arrest,	rings	Mill	Approximate
×	Physician	1	23a. Part 1. Enjer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Interval Between Onset end Death
ľ	/Medical Examiner	Į	Immediate Cause (Final disease or condition resulting in death)		e		estim		ort Faile	uv e				1 mo
68760,	death certificate be executed e ettending physician and ed for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	{	b		or as a conse							
Box	eath cer ettendir i for use	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.											1	
P.O.	t the d by the tached	hysi	Part II. Other significant co				sulting in the u	inderlying cause	given in Part i.					-
	requires that the de seen signed by the e hould be detached to	by	Alshe	mei	's Ve	mentra		<u> </u>					24b. We	ere eutopsy findings
Reco	has t	Completed									formed		of d	npietion of cause death?
a	en: Th tificate tor, pa		25. Was case referred to me	udical								200Mo	1L	Yes 2000
$\leq$	Physician: ma certific nai director,	o Be	examiner? 1 ☐ Yes 2 ☑ No	, dioui	Hospital:	Inpatient 2	ER/Outpatie	nt 3 DOA	Other	eath <i>(Check only</i> Home 5 □ Bes		8 DOth	er /Snecify	()
<b>Division of Vital Records</b> ,	ding Phy th. : After this s funeral	tion: T	27. Manner of Death 1 ☑Natural 5 ☐ P	ending vestigation	28a. Dete (Mon	of Injury th, Day Year)	28b. Time of Injury	1 28c.	njury at Work? 1 Yes 2 No	28d. Describe				,
Divis	ather des Director	Certification:	3 ☐ Sulcide 6 ☐ C	ould not be etermined	286. Place	of injury - At hing, etc. (Speci	ome, farm, st fy)	reet, factory, off	ice	28f. Location City or To			er or Rural	Routa Number,
(		edical C	29a. Certifier 12 Cer (Check only 2 Med	tifying Ph	niner: On the b	best of my kno asis of examina ner stated.	owledge, deat ation and/or in	h occurred at th	e time, date and ple ny opinion, death oc	ce, and due to the curred et the time	e cause e, date a	(s) and ma and place, a	nner es sta and due to	ated. the cause(s)
	O W O	Me	29b. Signature and title of co	ertifier				29c. Lic	ense number		29d. l	Date signed	i (Month, L	Day, Year)
			Polt 6. mm, ND D32882 2/5,								196	,		
	6		30. Name and eddresa of pe	rson who		se of death (iter	m 23a) (Type,	Print)	ies Ca	ter D	D	out.	1	21/36
	Sta	te					ature	ISKSI	ness le	niev VV	IC	حدج احر	STOW	ia inc
	Registr	- 1	FFR 0 6 199	6	32.	hombark	II.							

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE (	OF DEATH	REG. NO	).					
	1. DECEDENT'S NAME (First, Middle, Last James	Ciambott	Ĺ			2. DATE OF DEATH MONTH February	3, 199	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.			BIRTINPLACE (State or Foreign Country)				
	215-40-5490  9a. FACILITY NAME (If not institution, give		53 YRS.			December-	-	MD				
<u>«</u>	Church Home Hos				wn or Location of I Lmore City							
CTOR	RESIDENCE OF DECEDENT			-			Baltimore City					
DIRE(	MD Balt	imore City	}	ry, town on L Ltimore			10d. INSIDE CI LIMITS?					
	10e. STREET AND NUMBER	,		- CZMO EC	101. ZIP CODE		1 YES 2 NO					
FUNERAL	413 S. Collingto	n Avenue			21231		USA					
BY FUI	11. MARITAL STATUS  11. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yo	B DECENDENT OF HISPA B, specify, Cuban, Maxk YES 2 NO Spec			. RACE — American Indian, Black, White, etc. Specify:				
9	15. DECEDENT'S ED (Specify only highest grad	UCATION To complete d	18a, DECEDENT'S	USUAL OCCU	White							
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use refired.)  Handyman Self-er									
OMF	17. FATHER'S NAME (First, Middle, Last)		Hallay	man	employe	ea						
BE C	M±11	Ciambotti		18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen DiMemmo								
5	19a. INFORMANT'S NAME (Type/Print) Patricia Remlein					Route Number, City or Tox		ode)				
	204, METHOD OF DISPOSITION	1				undalk, MD						
	1 Surial 2 Cremation 3 Red 4 Donation 6 Other (Specify)	movel from State	o. PLACE AND DATE metery cremetory or C aklawn C	of disposition there is a contract of the cont	N (Name of		indalk	y or Town, Stata MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Charlton Funeral Home											
	Déan P Charl	ton				Ave, Balti	imore,	D 21231				
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST  List only one cause on each line.  Interval Betwee Onset and Death Cause or injury that infiliated events resulting in death) LAST											
-	PART II. Other significant condition	ons contributing to deeth i	out not resulting	in the under	iying ceuse given is	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
MEDICAL						1 TYES	8 1	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO				
AN:	DID TOBACCO USE CON	TRIBUTE TO CAUSE C				IN ☑		oc.				
PHYSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF DEA	OTHER:								
ž I	27. MANNER OF DEATH	1 Inpetiant 2 PER/Out	28b. TIN	E OF 28c	Home 5 Residence : INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	RED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1	WORK?  YES 2 NO							
ETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, atc. (Spe	f — At home, term, city)	street, tactory,	offica	28t. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
COMPL		SICIAN: To the best of my know IER: On the besis of examination						ause(a) and manner as stated.				
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	ER A I I	ma		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)				
ဥ								13/96				
	SUM 1 Land 19 (Month, Day, Year)	4 M U JA  32. REGISTRAR'S SIGN	100		MAdwp	Baltim	911	MO				
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leath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	attending physician and completely filled in by the funeral director, page 5 should be detached for use as

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR

TO THE FUNERAL I DE TILED WITHIN 72 H IMPORTANT: IF II

Pages 1, 2, 3 permit. the burial-transit 76 notified 9 must examiner medical 6 the cremation. event, burial. traumatic 2 prior other 9 has been signed by the atter Dept. of Health and Mental Injury, requires that shows any The law 23 the State Cd. or Item ATTENDING PHYSICIAN: Wher this ca eath with t marked, DIRECTOR: After the hours after death v 28

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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3 Sulcide

4 Homicide

96 02779 ITEM: 1. PER F.H. FILM G-732 2/6/96 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 1. TIME OF DEATH CORNELIA REYNOLDS COLWELL CORNELIA - WELL 12:15 PM FEBRUARY 996 4. SOCIAL SECURITY NUMBER JAN 9, 1901 6. AGE (In vrs. last hirthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 207-22-7459 1 M 2 F 95 DAYS HOURS Pennsylvania Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 119 East Timonium Road DIRECTOR Timonium Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES Y NO Maryland Baltimore Timonium 10e. STREET AND NUMBER INC ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 119 East Timonium Road 21093 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify spoom/White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Reynolds Elizabeth Jones 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Philip R. Sheridan 119 East Timonium Rd. Timonium, MD 21093 20a. METHOD OR,DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE Metro Crematory, Inc. 02/05/96 Baltimore, MD 4 Donation 5 Other (Specify) \_ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAWN F. Cremation Society of Maryland, Inc. .McDonald 299 Frederick Rd. Baltimore, MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition ATHEROSCIEROTIC CARDIDUASCULAR DISEASE YEARS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 T VES 2 19-190 OF DEATH?

DID TORACCO LISE CONTRIBUTE TO CALISE OF DEATH - VES TO NO TO LINICE

1 YES 2 -NO

DID TOBACCO USE CONT	KIDUTE TO CAUSE OF DEATH T	E2   NO	UNCEKIAIN E							
WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. PLACE OF DEATH (Check only one)									
	HOSPITAL: 1   Inpellant 2   ER/Outpellent 3   DOA	OTHER:	5 Realdence 6 (							

27. MANNER OF DEATH 1 Natural 2 Accident

ATRICIA

8 Could not be

28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK? м 1 YES 2 NO

28d. OESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

atricia To W 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAIDEN CHOICE LAWE

47020 5,1996 BALTIMORE MI

31. DATE FILED (Month, Day, Year) 32. DECISTRAR'S SIGNATURES

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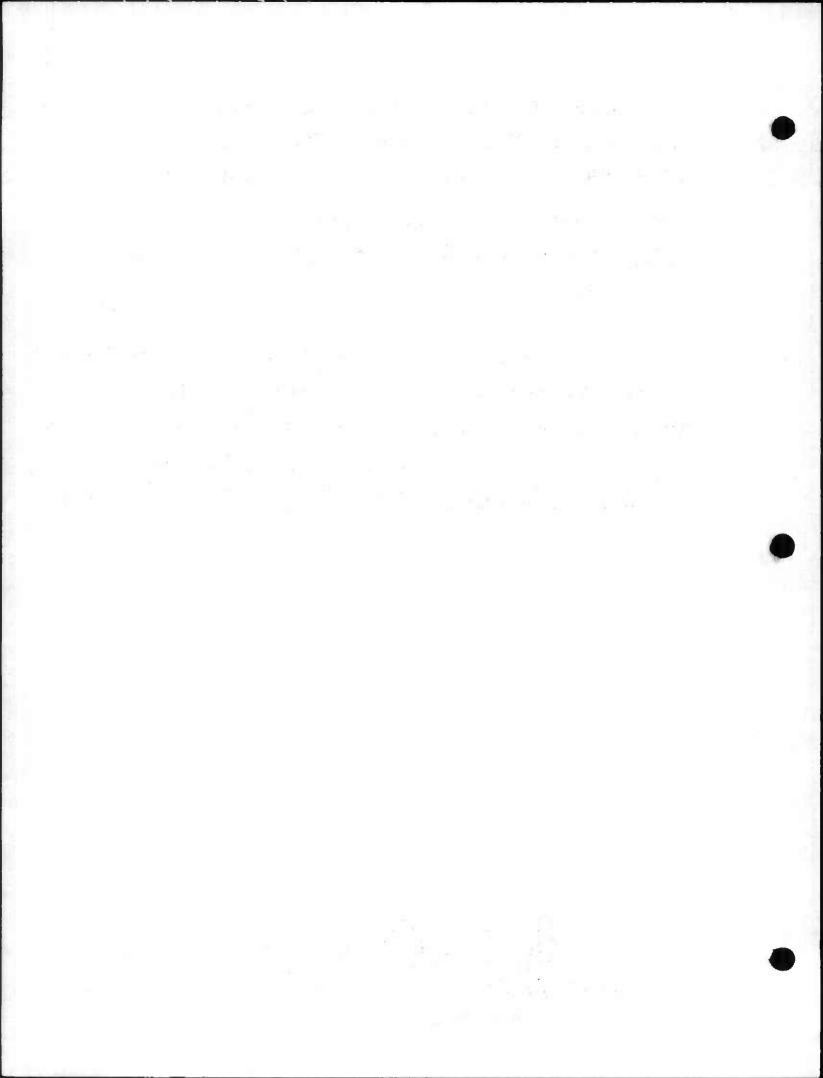
	FOR 1 STATE		STATE OF I	MARYLAND						MENTA	L HYGIEN	E	) (	2100	
	REGISTRAR			С	ERTIF	ICATE	E OF	DEA	ГН		REG. NO.				
	1. DECEDENT'S NAME (First,			HEN									S'S	3. TIME OF DEATH  O JOO M	
	4. SOCIAL SECURITY NUMBER 215-03-5990		5. SEX 1 (30) 2 (1) F	6. AGE (In yrs. I	nst birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR. 13,1907		a. BIRTHE Country MA	RYLAND		
NG.	90. FACILITY NAME (If not in NORTHWEST H			}				R LOCATI		EATH				Y OF DEATH TIMORE	
5	RESIDENCE OF DEC	10b. COUNTY										_			
DIRECTOR	MARYLAND		BALTIMORE 10c. C			TY, TOWN OR LOCATION  RANDALLSTOWN				N			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3737 COLFTON	rtleig	h DRIVE	VE			101. ZIP CODE 21133			3	10g. CITIZEN OF V				
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Divo	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Maxica 1 YES 2 XNO Specify			NIC ORIGIN? (Specify Yee or No— 1 an, Puarto Rican, atc.)  'iy:			Black,	4. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DEC (Specify only Elementery/Secondery (0	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5		DECEDENT'S USUAL C (Give kind of work done lile. Do NOT use retired.)		fone during most of working		168	. KIND OF BU	JSINESS/INDUSTRY				
MP	6				MANA	GER				1	ARMSTRO	ONG S	SPORT	S	
BE CO	17. FATHER'S NAME (First, M			COHEN					HER'S NA LENA	ME (First,	Middle, Maiden	Surneme) YOS	SPA		
10 B	19e. INFORMANT'S NAME (7	Type/Print)		- 1	9b. MAILING	G ADDRESS	S (Street e	nd Numbe	r or Rural	Route Num	ber, City or Tow	n, State, Zip	p Code)		
F	MR. LESTER	COHEN	(SON	1)	660	01 E	ORSA	AN CC	OURT	BAL	<b>PIMORE</b>	, MD	2120	9	
	20e. METHOD OF DISPOSITION  1 © Burlei 2 Cremetton 3 Ramoval from Stata  20b. PLACE AND DATE OF DISPOSITION / Name of cemetery, crematory or other piece)  ARLINGTON—CHIZUK AMUNO 2-4-1996 BALTIMORE, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.								
	D ( hu/	Mar	Luis			6010 REISTERSTOWN ROAD BALTIMORE, MD 21215									
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s. CONGESTIVE CARDIOM YORATHY  DUE TO (OR AS A CONSEQUENCE OF):									Approximata Interval Between Onset and Death					
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in desth) LAST														
MEDICAL C	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN PERFOR  1 YES 2								RMED? AMAILAB COMPLE OF DEA		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ONO				
2	DID TOBACCO U	ISE CONT	RIBUTE TO CA	AUSE OF DE	ATH Y	ES 🗆	NO [	UNC	CERTAI	N @					
X	25. WAS CASE REFERRED T	O MEDICAL		28. PL	ACE OF DE	ATH (Check	only one)								
Sic	EXAMINER?		HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE		6 5 R	esidence	8 Other (Specify)					
Y PHYSICIAN:		Pending Investigation	28s. DATE Of (Month, I	28a. DATE OF INJURY (Month, Day, Year) 28b. TIM						28d. DESCRIBE HOW INJURY OCCURED					
TED BY	3 Suicide 8	Could not be determined	28e. PLACE ( building	28e. PLACE OF INJURY — At home, ferm, str building, atc. (Specify)							28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	22-21		ICIAN: To the best of											end menner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	m l	M				29c. LIC	37	MBER 33	7	29d. DAT	TE SIGNED	(Month, Day, Year) / 91 WARY 2 / 91	
10	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	TD.	e, Print)	02	-11:	]]						
	31. DATE FILED (Month, Day, FEB 0 6	Year)	A REGISTR	AR'S SIGNATURE	dall										

Fig. 1 Dog to the second of

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 45 pm **Physician** Month TONYO MURRILL-CARTER Dan /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c, County of Death Examiner N.H. Manor CARE 10W SON SONOSWÓ MORE If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, if Undar 1 Yaar Months Days 5. Social Sacurity Number 9. Birthplaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 10M 20F 28 Year) 215-96-7143 Director Usual Rasidance of Decedant the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28s-f show traumatic event, the Medical Examiner must be notified at Md 1 Yaa 2 No Director MORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 USA Items 23a DERT 21215 death Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race -Race - Amarican Indian, Black, Whita, atc. 11. Marital Status pernit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hyglene. Important: if Item 27 Is marked other than "natural", or Item any injury or other treumatic event, the Medical Examine any injury or other treumatic event, the Medical Examine pages. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ▼ No þ 3 ☐ Widowed 4 ☐ Divorced Specify: D.C Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry g most of working Elemantary/Secondary (0-12) Collega (1-4or 5+) CONTRACTINO tan 2+A 17. Fathar's Nama (First, Middla, Last) 8. Mothar's Nama (First, Middle, Malden Sumama) Be ued 1DEST 1ARU RR 1 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 5334 11/04 MaryMurrel 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c, Location - City or Town, Stata 1 Buriai 2 Cramation 3 Ramoval from Stata 5-96 4 Donation 5 □ Othar (Specify) 1 ature of Funarai Sarvice Licensee 22. Nama and Addrass of Facility F5+ 4 4300 abash 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, show, or hourt failure. List only one ceuse on each line. Approximata Interval Between Onsat and Death **Physician** /Medicai Immediata Causa (Finel disaasa or condition resulting in death) **Examiner** Examiner physician and the burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, teading to immadiata causa. Entar Undarlying Causa (Diseasa or injury that initiated evants rasulting in death) Last P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) attending p 980 i signed by the at id be detached for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 42 Unknown Records, þ cate has been sig ; page 2 should b Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of causa of death? 1 🗆 Yas 26 No 1 ☐ Yas 28 No certificate Division of Vital Attending Physician: director, Be 25. Was cesa referred to medicei axaminar? 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Medical Certification: To 1 Yas 2 No 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) by the funeral 28c. Injury at Work? 27. Mannar of Death 28b. Tima of 28d. Describe how injury occurred After 1 Natural
2 Accidant 5 Panding invastigation death. 1 ☐ Yas 2 No ector: 8 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 2 4 5 4 Homicide 24 Kap TW Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and mannar stated. 29a. Cartifiar (Check only one) within 2 To the 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and address of person who completed (Month, Day, Year) ted ceusa of death (Item 23a) (Type, Print) 32. Registrar's Signatura State FEB 0 6 1996 Registrar



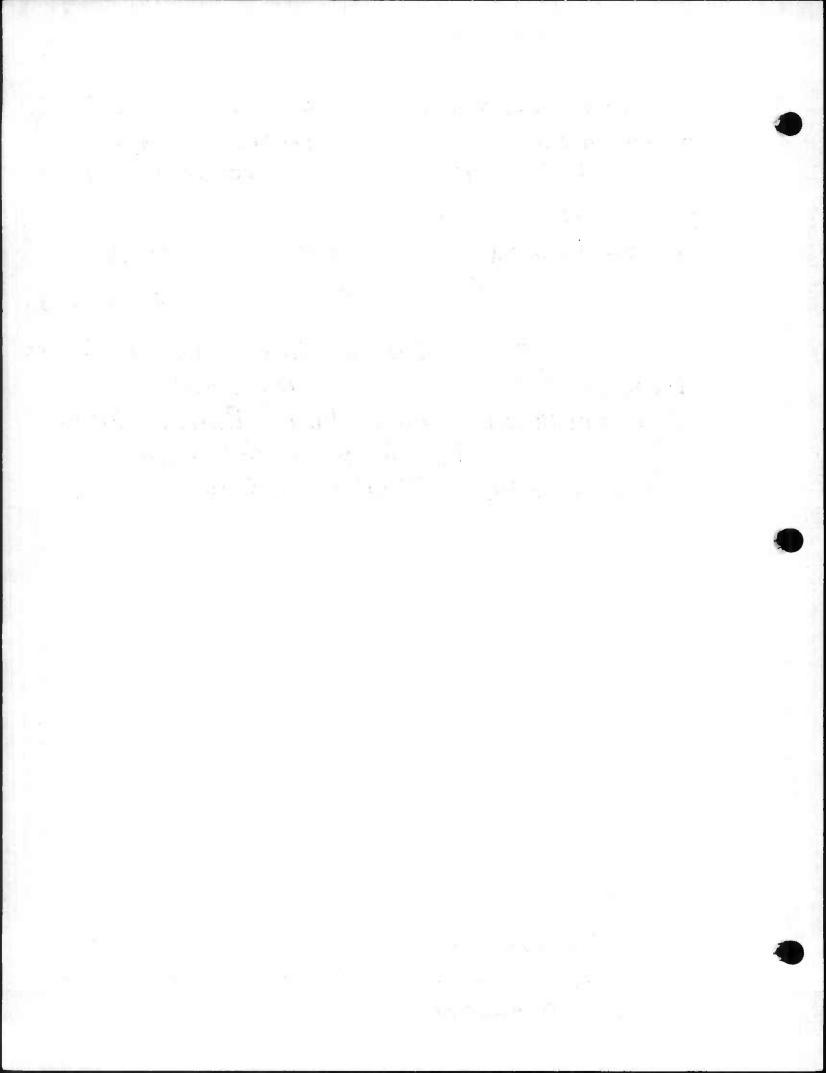
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** KOBERT HLEKANDER OLE LOLE 96 Fel /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Wood ear 7. Aga (In yrs. last birthday) \$5 Yrs. Social Security Number 6. Sex **Funeral** 05-963 Months Days 100 M 20 F Director Usual Rasidance of Dacedani permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of health and Mental Hygiene.
Important if them 27 is marked other than "natural" ---any injury or other treumatic even. 10b. County 10a. Stata 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Maryland more Funeral Directo 10f. Zip Coda 10e. Street and Number 10g. Citizen of What Country? 1820 212 Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Maritel Stetus Wes Decedant Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, Whita, etc. 1 Never Married 2 Merried 1 ☐ Yas 2 PNo If Yas, Giva 1 Yas 2 No Specify: by 3 ₩ Widowed 4 Divorced Yaar or Datas: American 17ro Completed 16a. Decedant's Usual Occupation
(Giva kind of work dona during most of working
Me. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) Elemantary/Secondary (0-12) Collega (1-4or 5+) Neme (First, Middla, Last) 18. Mohar's Nama (First, Middla, Maidan Sumama) Be uncene 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Aural Route Number, City Town, Stata, Zio Code mallwood 20b. Place of Disposition (Nama of cametery, crampled or other place) 20a. Mathod of Disposition .Date 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from State 8 4 ☐ Donation 5 ☐ Othar (Specify) 0 Joseph L. Russ Fun 2222 W. North Ave. Funeral Home ve. Balto. Md. 21216 on's thet caused the death. Do not antar the mode of dying, such es cardiec or raspiratory arrest, use on each line. ie, or complications t List only ona cause **Physician** Immediata Causa (Final disease or condition resulting in death) /Medicai CROWARY ARTERY DISEASE **Examiner** Dua to (or as a consequence of): Physician/Medical Examiner PECTORIS ANGINA The law requires that the death certificate be executed use as the burial-transit Sequantially list conditions, if eny, laading to immediata cause. Enter Underlying Cause (Disease or injury that initioted events resulting in death) Last and Dua to (or as a consaquence of): Box 68760. physician Due to (or es e consaquanca of) Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings avellable prior to complation of cause of death? Completed 24a. Wes an autopsy certificate has 2 No 1 Yas 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Piaca of Death (Check only ona) axaminar r 12 Yas 2 No Other: 4 Nursing Homa SHasidance 6 Other (Specify) Hospitai: Medical Certification: To 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 DOA After this 28a. Data of injury (Month, Day Year) funeral 28d. Dascribe how injury occurred 27. Mannar of Death 28b Time of 28c. Injury at Work? 5 Panding invastigation 1 Accident death. 1 TYas 2 TNo the efter deatl within 24 hours etter dea To the Funeral Director completely filled in by th 6 ☐ Could not be datarminad 3 Suicida 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 29e. Certifian 🕰 Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated (Check only one) 2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Deta signed (Month, Day, Year) D32700 30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print) 300 ARMORY PLACE TNWAR KHOWAR 31. Data flied (Month, Day, Year) 32. Registrar's Signatura State Division Contail

DHMH 16 Rev 6/95

Registrar

FEB 0 6 1996



State of Maryland / Department of Health and Mental Hygiene 96 02783

					,	Certin	ficate of	Death	,	Reg. No.	0 02100	
	Dhorale!		1. Decedent's Neme (First, Middle, La	st)					2. Deta of De Month	_	3. Time of Death	
Physician /Medical Robe			Robert			CRIG	GER		Februa			
	Examir		4e. Fecility Nema (If not institution, giv	a street and number)				4b. City, Town, or	Location of Death			
			Franklin Squ	are Hosp	ital			Ros	sville	Baltim	nore County	
	Funeral Director		5. Social Security Number 6. S 229–36–3175	ex 7. Ag	e (In yrs. last bir 64		f Undar 1 Yaar flonths Days			th y, Year)	9. Birthplece (Steta or Foreign Country) West Virginia	
	pg »		Usuel Residence of Decedent  10a, State 10b, County									
	Maryla F show	ctor	Md. Balt	n or Locati		ddle Rive	er		10d. Insida City Limits 1 ☐ Yas 2 ☐ No			
th with the	rai Director	10e. Street and Number 3521 Buckboard		10f, Zip Code	21220		10g. Citizen of What Country? USA					
21215-0020 d within 72 hours after death with the Maryland glene. If than "natural", or herra 23s or 28s-f show, it is Medical Examiner must be notified at		by Funeral	11. Meritel Stetus  1 □ Nevar Married 2 □ Married  3 □ Widowed 4 □ Divorced	Armed Forces?	s 2 No Give Koroan		3. Wes Decedent of Hispanic Origin? (Specify If Yes, specify Cuben, Maxican, Puano Ricar  1 ☐ Yes 2 No Specify:			- 14. Race Blace Specify	e - Amarican Indian, sk, White, etc.  "White	
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Jar	CI CI CI CI		19e. Informent's Name/Reletionship (	Type, Print)				t end Number or Ru				
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0	8 5 = 0		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐	Removel from State	20b. Plece of cemater	y, cremeto	on (Neme of ory or other pl	eca)	Dete	20c. Location -	City or Town, Stete	
Ë	men men tant:		4 ☐ Donetion 5 ☐ Other (Specific		Metro	Cren	matory	Inc. 2/8,	/96	Balitmo	ore Md.	
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funaral Service Licensee  22. Nama and Address of Facility  Connelly Funeral Home of Essex									
			23a. Pert 1. Enter the disease, or con	ort. Enter the disease, or confolications that caused the death Do not enter the mode of dying, such as cardiec or respiratory arrest, ock, or heart fellure. List only one cause on each line.								
1	Physician		shock, or heart feilure. List only	one ceuse on each lir	10. —						Approximate Interval Between Onsat and Death	
j.	/Medical		Immediete Ceuse (Final									
	Examiner		disaesa or condition resulting in death)	• Respira	-						7 days	
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68	tificat ng phy as th	P	rasulting in death) Lest		Dua to (or as a c	onsequen	ice orj.					
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P.O.	res that the de signed by the a to be detached f	Physician/Medical	For a. Other argumeant conditions of	Sittibuting to death be	or nor resulting in	i the unde	mying cause g	venin Penti.	1 🗆		3 Probably 4 Unknown	
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ta	ician: The certificata rector, pag		25. Wes case referred to medical					20 Diagraf Day			1 Tes 2 No	
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Du du	fun Att	to	1 ☑Netural 5 ☐ Pending 2 ☐ Accident Investigation	28a. Dete of Injui (Month, De)	Year) Ir	njury	28c. Inju Wo		200. Describe now injury occurred			
Division	or Atten after desa Director: In by the	Certification:	3 Sulcide 6 Could not be determined	rm, street, fectory, office 28f. Location				n (Street end Number or Rural Routa Number, Town, Stete)				
_	To the Hospital or Attending Invalcian: within 24 hours after death. Its ordinic completely filled in by the funeral director, completely filled in by the funeral director,	edicai Ce	(Check only 2 Medical Exam	yelclan: To the best o	of my knowledge,	deeth oc	curred et the ti	ime, dete end piece	, end due to the	cause(s) and me	onner es stated. and due to the cause(s)	
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	V		30. Neme and eddress of person who	completed cause of de	eeth (Item 23e) (	Type, Prin	nt)	2328432- E NOSY		1		
	\_		Exicultillons, 1			1 5	QUAR	E NOSY	リアハレ			
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registre	er's Signature							

State of Maryland / Department of Health and Mental Hygiene

02784 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death **Physician** Day Thomas Cullember February Alvin 4 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3427 Hazelwood Road Edgewater Anne Arundel If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiace (Stata or Foreign Country) **Funeral** 1₩ M 2□ F 54 220-38-7103 Yrs Director Oct.4, 1941 Maryland Usuai Residence of Decedent with the Maryland 10e State ral", or items 23a or 28a-f show Examiner must be notified at 10b. County 10c. City, Town or Location 10d. insida City Limits MD Anne Arundel Edgewater 1 TYYas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3427 Hazelwood Road 21037 USA Funerai death 12. Was Decedant Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amaricen Indian, 11. Maritai Status e filed within 72 hours effer all Hygiene. Black, White, atc. 1 ☐ Never Married 2X Married 1 ☐ Yes 2 No If Yas, Give Yaar or Datas: 1 ☐ Yes 2 X No Specify: Specify: White é 3 ☐ Widowad 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Job Superintendent Construction 12 permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any injury or other traumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumame) Alvin Owen Cullember Jr. Mariam Phipps 19a. informant's Name/Relationship (Type, Print) Nancy Cullember 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3427 Hazelwood Road, Edgewater, MD 21037 20a. Method of Disposition 20b. Piece of Disposition (Nama of cemetery, crematory or othar place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Lakemont Cemetery 2/5/96 Davidsonville, MD 21. Signature of Funeral Sanfice Licensee 22. Name and Addrass of Facility
Hardesty Funeral Home, P.A. 23a. Part1. Enter the disease, or complications that dused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shook, or heert fellure. List only one ceuse on each line. 12 Ridgely Ave. Annapolis, MD Approximate Interval Batween Onset and Death **Physician** immediete Ceuse (Final disaasa or condition resulting in death) FOUR /Medicai MULTIPLE BRAIN METASTASES MONTHS **Examiner** Due to (or es e consequence of): FOUR Physician/Medical Examiner ADENO CARCINOMA RIGHT LUNG MONTHS the death certificate be executed physiclen and s the burial-tran Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseasa or injury Due to (or as a consequence of): Box 68760. that initiated events resulting in death) Last Due to (or as a consequance of): d guipu ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobapeo use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Vital Records, ò should ! 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? certificate has t 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 25410 2 1 Yes to 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. injury at Work? 1 ( Netural 5 Pending investigation 1 Yes 2 No 2 C Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 C Homicide 24 hours edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signatura and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number MOMPH 8328 30. Name end address of person who completed cause ot deeth (Item 23e) (Type, Print) COLUMBIA MEDICAL PLAN CLANCE 180 Admiral Cochrane Drive MO Annapolis, MD 21401 (410) 573-1047 31. Date tiled (Month, Day, Year) FEB 0 6 1996 1, 32: Registras Signature

**DHMH 16 Rev 6/95** 

Registrar



		1 - FOR STATE REGISTRAR Item: 19a po	STATE OF MARYL er F.H. G-733	AND / DI	EPARTMI TIFICA	NT OF H	IEALTH AND DEATH	MENTA	L HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Last)  AUDREY	5.		CAS	E		2. DATE	OF DEATH		YEAR 9.00 A M		
should		4. SOCIAL SECURITY NUMBER  275 07 0452  9e. FACILITY NAME (If not institution, give str	1 🗆 M 2 🖵 F	(In yrs. lest bir	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	NO	OF BIRTN th, Day, Year)	911	N. BIRTNPLACE (State or Foreign Country) Ohio		
ro	TOR	Brooke Grove Nursing Home Sandy Spring Montgomery  RESIDENCE OF DECEDENT Sec. COUNTY OF DEATH  Soc. COUNTY OF DEATH  Soc. COUNTY OF DEATH  Montgomery											
020 physician. buriat-transit permit. Pages 1, 2.	DIRECTOR	10a. STATE 10b. COUNTY Maryland Montq	omerv	- 1		VILLE					10d. INSIDE CITY LIMITS?  1, YES 2 NO		
n. Insit perm	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WY 1034 Carnation Drive 20850 USA									N OF WHAT COUNTRY?		
0 E a	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	cen, Puerto	or No.— 14. RACE — American Indian, Black, White, stc.  Specify: White				
21215 al or attend for use as	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give I	DENT'S USUA kind of work do NOT use retin	L OCCUPATION TO DO Id.)	ON st of working	16	b. KIND OF BUS	INESS/INDUS	STRY		
MARYLAND 21: retained by the hospital or 5 should be detached for u	OMPL	17. FATNER'S NAME (First, Middle, Lest)	2	Hous	ewif	9	18. MOTHER'S N		Own Ho				
# 2 € X	BE C	Ralph Swisher					Jessi	e Ea	arnhar	t			
	9	Ocorge Miller					nd Number or Aura				e, MD 20850		
ORE 6 may ector, pa		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 KOther (Specific 1) 1	ombment WC	PLACEAND	DATEOFDIS	POSITION (Na		DAT	E 20c LOC	CATION - CIT	or Town, State Ohio		
9 2 9		21. SIGNATURE OF FUNERAL SERVICE LICE	Rallu			IVes-	D AODRESS OF F	n Fu	neral	1 Homes			
hin 24 hours at tely filled in by mation, or rem t, the medicin	CERTIFICATION	23 PART I. Enter the disease, or co ahook, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PREL MO	WIA	. Do not er	iter tha mo	de of dylng, su	ch aa car	dlac or reapl	atory errea	Approximata Interval Batween Onset and Death Z4 Hours		
P.O. BOX 68 The certificate be executed physician and Hygiene prior to burn or other traumatic		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
AL RECOR s law requires that has been signed by Dept. of Health an	MEDICAL	CERVICAL SPIN	The contributing to death but not resulting in the underlying cause given in Part I.  VAL STENDSS AND RESULTING  1 YES 2 M NO  RESIS  RIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN   28. PLACE OF GEATH (Check only one)						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
F = = = = =	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	ationt 3 🗆 I	DOA 4	UER:	s 5 - Residence	6 🗆 Oth	er (Specify)				
ON OF VI DING PHYSICIAN: After this certifica death with the St marked, or it	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28b. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO			28d. OE	28d. OESCRIBE NOW INJURY OCCURED						
TISIC NTENDI CTOR: A after d		3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, stc. (Spec	— At home,	ferm, street,	tectory, office		28f. LOC City	ATION (Street as or Town, State)	nd Number or	Rural Route Number,		
로 로 로 드	COMPLETED	299. CERTIFIER (Check only one)  1 A CERTIFYING PHYSICI PARTICLE (CHECK ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	AN: To the best of my knowl On the basis of examination	ledge, death	occurred at ti	ne time, data ny opinion, d	and place, and du	e to the ce e time, dete	use(s) end man	ner as stated.	cause(e) and manner ae stated.		
TO THE HOSPITO THE FUNER TO THE FUNER TO THE FUNER TO THE FUNER	g'BE C	296 BIGHATURE AND TITLE OF CENTIFIER	\				29c. LICENSE NU	IMBER		29d. DATE S	SIGNED (Month, Day, Year)		
5	F	JED E. HOWE  31. DATE FILED (Month, Day, Year)	1 4	ARE		r R	D. SA	NBY	SPRW	3. ME	. 90860		

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Hospital or Attending Physician: after death filled in by 24 hours completaly vithin 2 To the

> State Registrar

edicai

29a. Cartifier

(Check only one)

29b. Signature and title of certifie

31. Data filed (Month, Day,



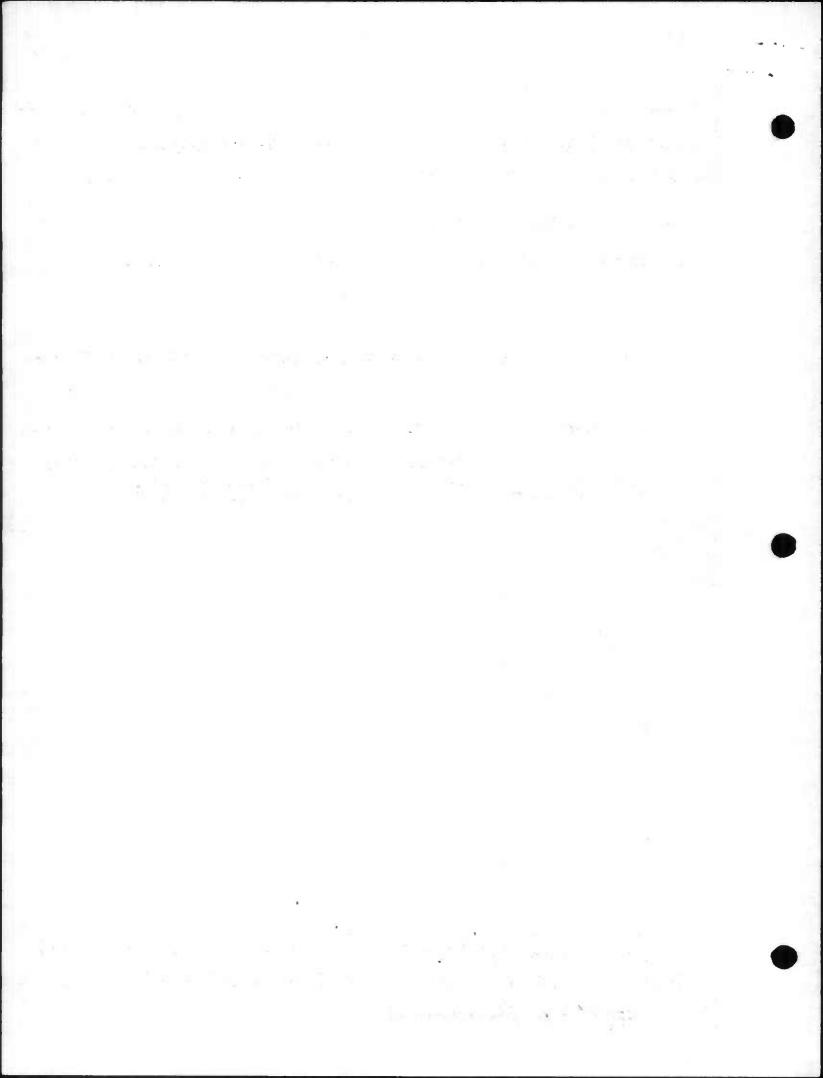
29d. Dete signed (Month, Day, Year)

HOSPITAL DRIVE CLEV BURVIE MARYCAND

of daath (Itam 23a) (Type, Print)

1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the ceusa(s) and mainter as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner steted. Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

29c. Licansa number



Division of Vital Records, P.O. Box 68760. or Attending Physicien:

21215-0020

Baltimore, Maryland

Other: 4 Nursing Homa 5 Realdence 8 Other (Specify) 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 5 Panding Invastigation 1 ☐ Yas 2 ☐ No nla 2 Accident 8 Could not be datemined 3 ☐ Sulcide Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29e. Cartifiar (Check only one) 29b. Signeture end title of certifler 29c. Licansa number 29d. Date signed (Month, Day, Year) M. D.

AJZ1147357 TM9

Registrar

32. Registrar's Signatura

Falix of Worker Randall 31. Data tiled (Month, Day, Year)

Johns

M.O.

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Mozinstry

After t

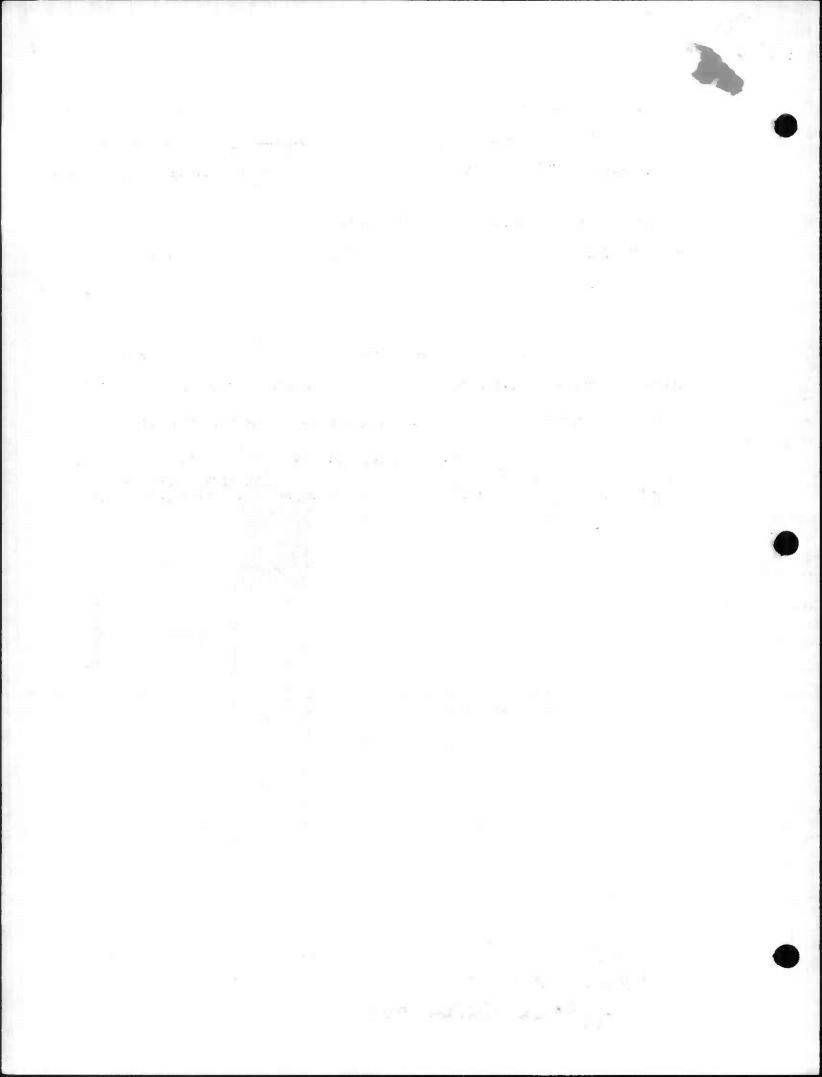
death.

after death

within 24 hours a To the Funeral C completely filled

3

edical



#### Items16a,16b 2-6-96 FilmG732 W.H.Per F/H

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

If Under 1 Year

Months

State of Maryland

02788

1 / Department of Health and Mental	Hygiene	9	b	
Certificate of Death	Reg. No.			7,0

4b. City, Town, or Location of Death

BALTIMORE
If Under 24 Hrs. 8. D
Hours Min.

**Physician** /Medical **Examiner** 

DISTEFANO

Days

2. Date of Death JANUARY 31

RE
8. Data of Birth
(Month, Day, Year)

3. Time of Death 1996 02:05 AM

Birthplace (State or Foreign Country)

10d, inside City Limits

1 ☐ Yes 2 No

21228

AFRICA

**Funeral Director** 

with the Maryland

item 27 is marked other than "natural", or items 23s or 28s-f show other treumstic event, I'm Marical Examiner must be notified at daath permit. Pagas 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural," or item any injury or other treumatic event, the Medical Exemples once.

altimore, Maryland 21215-0020

Physiclan /Medical Examiner

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Completed

Be

P

Certification:

Medical

requires that the death certificate be axec

Attending Physician:

24 H To the within 2

Division of Vital Records, P.O. Box 68760.

1. Decedent's Name (First, Middle, Last) PETER 4a. Facility Nama (If not Institution, give street and number) SHOCK TRAUMA UNIT 562-57-7650 Usual Residence of Decedent 10a. State Md Directo 10e. Street and Number STUART Funeral 11. Maritai Status 1 Never Married 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12+4 17. Father's Nama (First, Middle, Last) A JOHN 19a. Informant's Name/Relationship (Type, Print) Margaret 20a. Mathod of Disposition 1 Buriai 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Spacify) Immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Physician/Medical

7. Age (In yrs. last birthday) 10 M 2□ F 22 10b. County

Was Decedent Ever in U,S. Armed Forces?

☐ Yas 2 Yas, Giva 2 X No

DISTEFANO

Year or Datas:

10c. City, Town or Location HMOre

Yrs.

10f. Zip Coda 21228

13. Was Dacedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Yes 2 No

Specify: ac 16b. Kind of Business/Industry

Nursing Home

14. Race - American Indian,

Black, White, atc.

10g. Citizen of What Country?

42.W

4c. County of Death

NA

 Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Utility Worker

18. Mother's Name (First, Middle, Malden Sumame) Mbugua 1ARGARET

19b. Mailing Address (Street and Number or Rural Boute Number, City or Town, State, Zip Code) 13 Stuar Distata No- Mother

20b. Place of Disposition (Name of cematery, crematory or other place)

20c, Location - City or Town, State

TIT 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Funeral Hach tum. tur 0 Part1. Entar the discusse, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock or heart failule. List only one cause on each line.

Hd 21215 Aue Approximate interval Between Onsat and Death

Chast a. Gun Wound Due to (or as a consequence of):

Due to (or as a consequence of):

Due to (or as a consequence of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yee 2 No

24a. Was an autopsy

24b. Were autopsy findings available prior to completion of ceuse of death?

1 Pres 2 No 26. Place of Death (Check only one)

1€Yes 2□ No

Bulhman

25. Was cese referred to medical examiner? Yes 2□ No

29b. Signatura and title of certifier

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier (Check only one)

4 Del Iomicide

28a. Date of injury (Month, Day Year) 5 Pending Investigation 6 Could not be determined

28b. Time of Injury -31-96 0204 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Sopcify)

Hospital: 1 ☐ Inpatient 2X ER/Outpatient 3☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

100

28d. Describe how injury occurred Subject Shot

28f. Location (Street and Number or Rural Route Number, City or Town, State) W. Cross

To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mapper stated.

29c. Licansa number O.C.M.E.

29d. Data signad (Month, Day, Year) JANUARY 31, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Fowler Daved.

111 Penn Street, Baltimore, Maryland 21201 2, Registrar's Signature the dhurler Karlet

State Registrar

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	ther death with the State Dept. Of Health and Mental hygiene pinor to buriat, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN: The	FUNERAL DIRECTOR: After this certificate h	within 72 hours after death with the State L	RTANT: If item 28 is marked, or item
HT OT	THE DITHE	be filed	IMPOI
	1		

	FOR STATE REGISTRAR		STATE OF N	MARYLA				HEALTH AND	MENTA	HYGIEN	E		
	1. DECEDENT'S NAME (First,	Middle, Last)	NN	DAI	RNI		/		MONT	E OF DEATH		YEAR 996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-46-3225  5. SEX 1 □ M 2 ☒ F  57						birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)						HPLACE (State or Foreign ry)
OR	90. FACILITY NAME (# not ins Fallston Ge	eneral		,	Fall:	OR LOCATION OF D			9c. COU	NTY OF D			
DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNTY	1		10	Dc. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY
	Maryland	Har	ford		Bel	Air				1 YES 2 X NO			
3AL	100. STREET AND NUMBER		1			1	O.A.O.A.F.			10g. CIT		WHAT COUNTRY?	
BY FUNERAL	3022 Locher  11. MARITAL STATUS  1  Never Married 2  3  Widowed 4  Divor	T EVER IN YES		)	If yes, s	21015 CENDENT OF HISPA Specify Cuban, Maxic S 2 (A) NO Specify Cuban, Maxic	an, Puerto		or No-	Spec	E — American Indian, k, White, etc.		
	15. DECI	EDENT'S EDUC	CATION				SUAL OCCUPAT		160	b. KIND OF BUS	SINESS/INI		1200
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5	+)	House	NOT use		nost of worlding		Homen	aker		
MO	17. FATHER'S NAME (First, Mi	iddle, Last)			11000	01121		18. MOTHER'S N	AME (First,				
BEC	John Triple	tt						Mae Ha	ynes				
10	John P. Dari						ochery	and Number or Rura Road		ir, Mar			.015
	20a. METHOD OF DISPOSITION 1	n 3 🗆 Reme	oval from State	20b. I ceme Ga	PLACE AND etery, cremeto	DATEOF ory or other	DISPOSITION (	Feb. 3.	1996		cation —		own, State
	21. SIGNATURE OF FUNERAL			kn	)		22. NAME E.	AND ADDRESS OF F	hn Fu	uneral	Home		.Md.21087
	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition	eart feilura.	complications the			. Do no							Approximate Interval Between Onset and Death
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury thet initiated events  a. Dec 5 5 5  Due TO (OR AS A CONSEQUENCE OF):  B. Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Straing 1 4 ted 5 1 c 5 5 0 n al 4 c n 14  Due TO (OR AS A CONSEQUENCE OF):									9 81,			
CERTIFICATION	if any, leading to immer cause. Enter UNDERLYI CAUSE (Disease or Inju thet initieted events resulting in death) LAS	diate NG ry	c. STO	(OR AS A	CONSEQUE	NCE OF):	ed	facts to	onal	4	cm	P4	9 dors
PHYSICIAN: MEDICAL C	PART II. Other significe		contributing to				the underly	ng cause given li	n Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF	F DEATH	YES	□ NO	<b>UNCERTA</b>	IN 🗆				
SICIA	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	O MEDICAL	HOSPITAL:			T	Check only on	e) me 5 🗆 Residence	a D Oth	ner (Specify)			
	27. MANNER OF DEATH  1  Notural 5 Pending  26a. DATE OF INJURY (Month, Day, Year)					8b. TIME INJU	OF 26c. I	NJURY AT YORK? YES 2 NO		ESCRIBE HOW I	NJURY OC	CURED	
TED BY	3 Suicide 6	Could not be detarmined		etc. (Speci		ferm, str	eet, factory, of	lica		CATION (Street of your Town, State)		er or Rural	Route Number,
COMPLET			ICIAN: To the best of										a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE	-2	U,	U	al	200	MD	29c. LICENSE NO D 2 0	46	3	N 7		(Month, Day, Year)

Frederica 31. DATE FILED (MORITI, DON, VIOLE) FEB 0 6 1996 W. Walker 110 2005 Rock Spring Rd. Forest HAI 10 21050

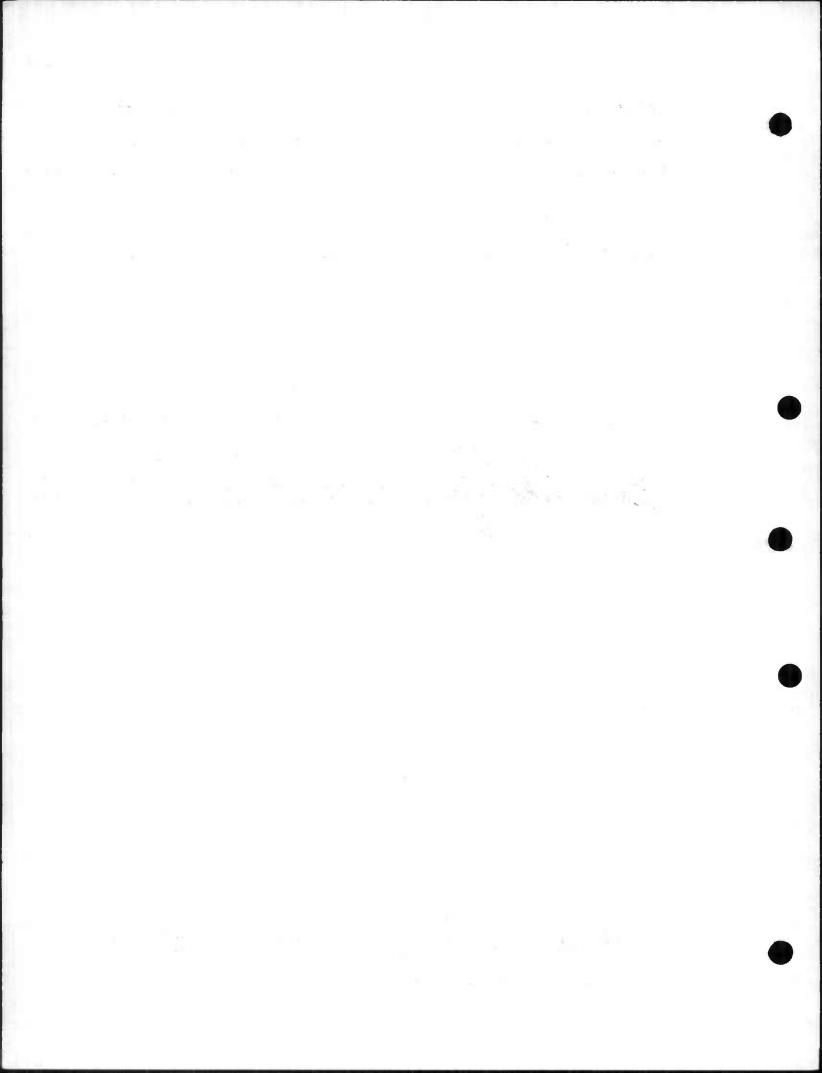
#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death Dey **Physician** Month Roseanna Edwards Feb 10:25am 1996 01 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Desth 4c. County of Death Examiner Agnes Hospital Baltimore N/A | H Under 1 Yaar | H Under 24 Hrs. 8. Dete of Birth (Month, Pey, Year) | A p r . 10 , 1917 9. Birthplaca (Stata or Foreign County) N. Carolina 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1□M 2♥F Yrs. 246-18-8524 N. Director 78 Usual Residence of Decedent filed within 72 hours after death with the Maryland Hygiene. Ther than "natural", or items 23a or 28a-f show 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 No Yes 2 No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21228 315 Ingleside Avenue U.S.A. Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 2\(\frac{1}{2}\) No If Yes, Give Yaar or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Reca - American indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: Black þ 3XXVidowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hyglen Important: if tem 27 is marked other tha any injury or other traumatic event, that one. Drycleaning Co. Presser 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Meiden Sumeme) Be Calvin Edwards Louise Cannon 19e. informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Lillian M. McCargo 607 Henry Street Camden, New Jersey 08103 altimore. 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriel 2 X X ramation 3 Ramovel from Start 4 Donation 5 Other (Specify) 2/3/96 Baltimore, MD Metro Crematory 21. Signature of Funaral Service Licensee 22. Noma and Address of Facility
Marshall W. Jones, Jr. Funeral Home, PA ani MD 21229 4101 Edmondson Avenue, Balto. 23a. Part1. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, auch as cardiac or respiratory strest, shock, or heart tellure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** /Medical immediete Ceuse (Finei ACUTE MYOCARDIAL INFARCTION disease or condition resulting in deeth) ONE HOUR Examiner Due to (or es a consequenca of): Examiner CORONARY ARTERY DISEASE attending physician and for use es the buriel-transit law requires that the death certificate be executed Sequantially list conditions, if any, leeding to Immediata cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es a consequence of): Box 68760 Physician/Medical Due to (or es a consequence of): the Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by the 1 10 108 2 No 3 Probably 4 Unknown REQUIRING DIABETES MELLITUS þ 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peed HYPERTENSION certificata has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Be 25. Wes case reterred to medical 26. Pieca of Deeth (Check only ona) exeminer's Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 2 mis 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. injury et Work? After Attending 5 Pending investigation 1 Meturel if or Attending after death. Director: Ah 1 ☐ Yes 2 ☐ No 2 Accidant 3 Sulcide 6 Could not be determined Location (Street end Number or Rurel Routa Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, tectory, offica building, atc. (Specify) B 4 I Homleide Hospital A hours a 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end mannar es ststed.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner steted. edicai 29a. Certifier (Check only one) To the To the 29b. Signatura and title of certifian 29d. Data signed (Month, Day, Year) 114597 Feb frene und 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Heights AVE 7220 Park Baltimors 31. Dete tiled (Month, Day, Year) 32. Registrer's Signeture State FEB 0 6 1996 Jalia Daudeor Reide Registrar

**DHMH 16 Ray 6/95** 



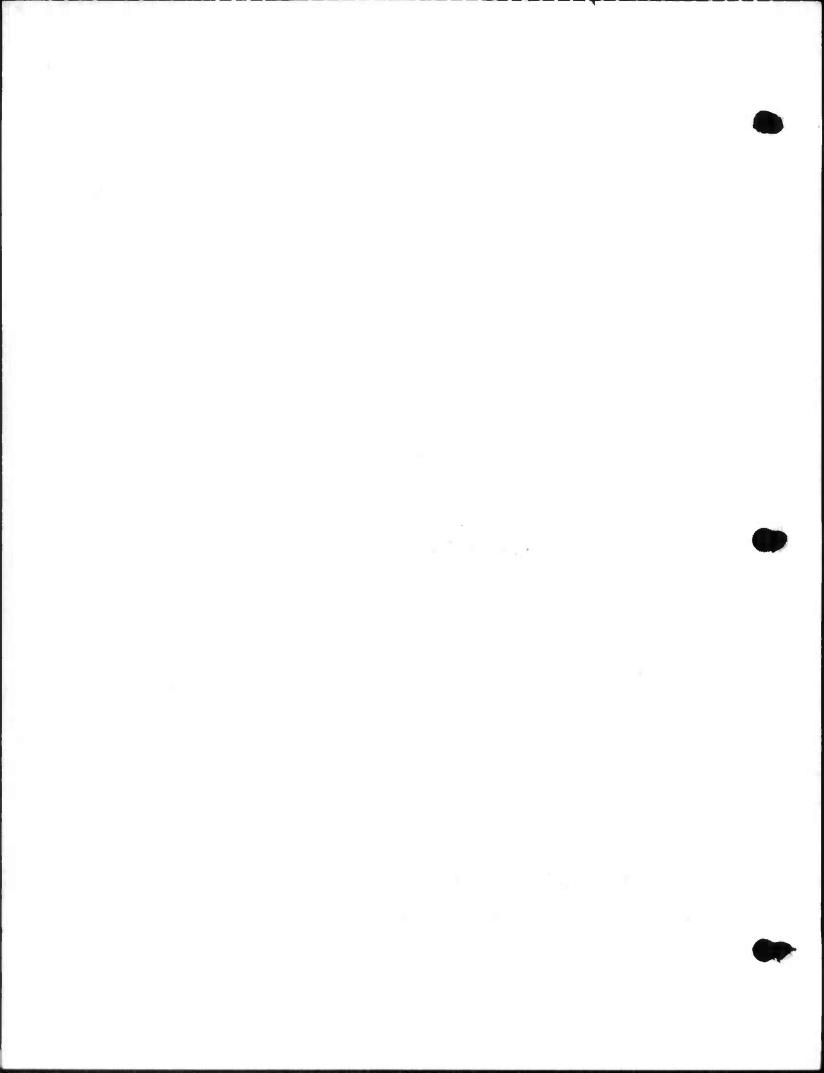
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Pages 1, 2, 3 should TO THE FLOWER OF STEADING PHYSICIAN: The law requires that the death certificate be executed within the closure after death. Page 6 may be retained by the noisy for the FLOWER OF THE FLOWER OF THE STEAD OF THE STANDARD OF

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physician.	burial-transit	
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Nours	filled in b	bon, or removal.
WITHE	npietely	ial, cremation
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ertificate	ing phys	giene p.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		-				OF DEATH			OF DEATH	4
	Fannie Elizabe	th Ewing				Febr	-	3. 199	6 10:	20	DM
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	0.	BIRTHPLACE (S		wign .
	721-16-9591		38 yrs.	Erese VVVV	7.5	Janu	ary 4	,1908	Marylan	nd	
<u>س</u>	9a. FACILITY NAME (If not institution, give st	reet end number)			OR LOCATION OF E	DEATH			Y OF DEATH		
5	Edenwald			Town	son			Ba.	ltimore	<u> </u>	
JË	10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA	TION				10d, INS	SIDE CITY	
ā		imore		Towson						ES 2 📉 P	NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER			10	f. ZIP CODE				N OF WHAT COL		
NEI	800 Southerly Rd.				21286				d State	2.5	
	1 X Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA Hecify Cuben, Mexic	an, Puerto		or No- 14	Black, White, o	etc.	n,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYE	2 A NO Spec	lfy:			Specify Whi	te	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION Completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON	16	b. KIND OF BU	SINESS/INDUS			
LET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	, , , , , , , , , , , , , , , , , , , ,							
MP	12 years		Admi	nistrat				e Scho	ols		
	17. FATHER'S NAME (First, Middle, Last)  John A. Ewil	nα			18. MOTHER'S N		Middle, Maiden Charle				
BE	19e. INFORMANT'S NAME (Type/Print)	18	10h MARI INC	ADDRESS /Small	and Number or Rural						_
5	Robert Schaefer			Meadowo			imore,		1212		
	20e_METHOD OF DISPOSITION 1 [a] Burlel 2 Cremation 3 Remo		PLACE AND DATE O		ame of	OAT			y or Town, State		
	4 Donetion 5 Other (Specify)	Lo	udon Parl	Cemete	ery	2/6		ltimor			
	21. SIGNATURE OF FUNERAL SERVICE LICE  John O. Mitche	ENSEE / IV		Mitche	ADDRESS OF F	ere lo	Home	. Tnc.			
	John O. Mitch	ell'IV		6500°	Tork Rd.	212	212	, 1110.			
	23. PART I. Enter the diseeses, or conshock, or heert feliure. L	omplications that cause	the death. Do n	ot enter the me	de of dylng, su	ch ss cer	dlec or resp	ratory arres		proxima	
	IMMEDIATE CAUSE (Fine)				100	/				terval Bat nset and	
	disease or condition resulting in desth)	Adeno Ca	reinon	na 00	(0)	on					
_	_	DUE TO (OR AS A	CONSEQUENCE OF	):	•				ļ		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):							
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	thet initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):							
E	d d										
AL (	PART II. Other algnificent conditions	contributing to deeth b	ut not resulting in	the underlyin	g ceuse given ir	Part i.	24a. WAS AN		24b. WERE AU		
	Hyperter	15/00					PERFOR	. /	- ANTHONY	LE PRIOR TO TION DF CA	~
MEDIC								/	110000	\$ 2 N	0
PHYSICIAN:	DID TOBACCO USE CONTR				UNCERTAI	ИП					
2		HOSPITAL:	26. PLACE OF DEAT	OTHER:							
HYS	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY	atient 3 DOA 28b, TIME		e 5 Rasidence		F (Specify)	N HIPV OCCUR	150		
	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJU	JRY W	PRK?	200. DE	SCHIBE HOW I	NJUNY OCCUP	TED		(1
D BY	3 ☐ Suicide 6 ☐ Could not be	28s. PLACE OF INJURY	— At home, term, st					and Number or	Rural Route Num	ber,	
TED	4 Homicide determined	building, etc. (Spec	iny)			City	or Town, State)				
COMPLET	294. CERTIFIER 1 CERTIFYING PHYSIC	DAME To the best of my knowl	ledge, death occurred	d at the time, date	end place, end du	e to the ca	use(e) end me	nner ee stated.			
ŏ.	MENTAL EXAMINER	to On the basis of exemination	end/or investigation	, in my opinion, d	eath occured at the	e time, date	and plece, an	d due to the c	euse(a) and mar	nner ea sta	ted.
ш	200. SICHAPUTE AND THE EXOT CERTIFIED	11 112			29c. LICENSE NU	MBER /		29d. DATE S	IGNED (Month, D	Day, Year)	
TO B	7002410	IND			034/	24		12	-5-9	1 Ce	
	30. NAME AND VIDDAESS OF PERSON WHO				201				-		
	Or. John D. Milto	7500 Osler D	r. Towson	n, ID 2	204						
	FEB 0 6 1996	31 REGISTRAR'S GN	645								





DIVISION OF VITAL HECORDS, P.O. BOX 68760

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA			3. TIME OF DEATH
	ESTHER	FRANK	LE			MONTH FEBRUAL		YEAR	1245 PM
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7 DATE OF BURT		. BIRTH	PLACE (State or Foreign
			3 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Ye AUG. 27		MI	)
æ	9e. FACILITY NAME (If not institution, give street		91	a. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	Y OF DE	EATH
DIRECTOR	NORTHWEST HOSPITA	L CENTER	F	RANDALL	STOWN		BA	LTI	10RE
<u> </u>	10e. STATE 18b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON				10d. INSIDE CITY
<u>a</u>	MD BALTIM	ORE	BA	LTIMOR	E				LIMITS?
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?
E	1 COBBLESTONE CT	, APT. 1B			21215		US	A	
BY FUNERAL	11. MARITAL STATUS  1	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2X NO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Ricen, st			
B	15. DECEDENT'S EDUCATE	ON	18e. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND O	F BUSINESS/INDU	STRY	WHITE
	(Specify only highest grade com Elementery/Secondary (0-12) C	opleted) college (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mos	at of working	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
립	6		HOMEMAK	ER		OW	N HOME		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, M	leiden Sumame)		
BE	MORRIS FINE				LEAH	BLA	KE		
10	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural i			ode)	
F-	LARRY FRANKLE	(SON)	2441 H	UNT DR	IVE; BAL	rimore,	MD 2120	09	
	20a. METHOD OF DISPOSITION  1 D Buriet 2 Cremetion 3 Removal	from State 20b.	PLACE AND DATE OF D	DISPOSITION (Na	me of	DATE 20	c. LOCATION — CI	ty or To	wn, State
	4 🗗 Donatton 5 🗆 Other (Specify)	M	oses MONT				BALT	MOR	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	F.	-	SOL I	EVINSON	& BROS.			
	23. PART I. Enter the disesses, or com	plicenges that ceused	the deeth. Do not	enter the mo	REISTER	h ee cardiac or	PAD BALT	LMOR	E. MD 21215
	shock, or haart failura. List	only one cause on as	ch lina.						intarvai Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	12 -150	~ Λ						
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):						15 0 972
_	<b>.</b>								
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):						
EH	d.		-						
	PART II. Other significant conditions of	ontributing to death bu	it not reaulting in t	tha undariying	cause givan in	Part I. 24s. W	AS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	DIABETES .	PARKI	a noin	ISEAS	E	1	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
요	CHRONIC LY	riphocyT	IC LE	UKEN	IA	[ ''' '	E3 2 1 10	١.,	DF DEATH?
W :	DID TOBACCO USE CONTRIB					N D			
IA	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH	(Check only one)					
PHYSICIAN:	EXAMINER?  1 YES 2 NO 1	OSPITAL:		THER:	5 Residence	6 Other (Specif	y)		
Ή	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C		URY AT RK?	26d. DESCRIBE	HOW INJURY OCCU	JRED	
ВУ Б	1 Nsturel 5 Pending 2 Accident Investigation	(month, Day, real)	INJON		ES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm, stre	et, fectory, offic	,	26f. LOCATION (S C/ly or Town	Street and Number of	r Rural R	loute Number,
TED	4 Homicide determined		**			ony or rown,	Oldio)		
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowle	edge, death occurred :	st the time, date	and place, end due	to the cause(s) ar	nd menner es state	ı.	
N N	one) 2 MEDICAL EXAMINER: 0								) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNED	(Month, Day, Year)
BE	1(16 K.S	. RAO. M	Q.			462			ARY 2 1996
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Typo, Pr H WE ST NOALLS	ini) HOSP	ITAL	CEN	TER		
		RA	NOALLS	TOWN	) MI	) .			
	FEB 0 6 1996	32. REGISTRAR'S SIGNA	ALL						



TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he had within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
0.00 .00.	s that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be field within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	any injury, or other traumatic event, the
	ATTENDING PHYSICIAN: The law requires	ECTOR: After this certificate has been sign is after death with the State Dept. of Heal	n 28 is marked, or item 23 shows
	TO THE HOSPITAL OR	TO THE FUNERAL DIRE	IMPORTANT: If Item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	S	TATE OF N			TMENT			MEN.	TAL HYGIEN	E			
1. DECEDENT'S NAME (First, Midd	fle, Last)					<u> </u>		2. D	ATE OF DEATH			3. TIME OF DEAT	н
BLANCHE		FRAD						JIV	WARY 3	1 1	996	11 17	PH
4. SOCIAL SECURITY NUMBER	5. 5	72	6. AGE (In yrs. las		IF UNDER 1		UNDER 24 HRS	7. D/	TE OF BIRTH 19	1015		PLACE (State or Fo. YLAND	reign
213-20-1982		M 2 X F	70	YRS.					SPT. 15,	TATE	MAR:	YLAND	
9a. FACILITY NAME (If not institution		ind number)					OCATION OF	DEATN		9c. COU	NTY OF D		
SINAI HOSPITAI					BA	LTIM	DRE					N/A	
RESIDENCE OF DECEDI 10a. STATE 10b.	COUNTY			t0c, CIT	Y, TOWN OF	LOCATION					1	10d. INSIDE CITY	_
MARYLAND	BAL'	TIMORE			BA	LTIM	ORE					LIMITS?	
10e. STREET AND NUMBER						101. ZII	CODE			10a, CIT	IZEN OF W	VHAT COUNTRY?	
8228 SCOTTS LI	EVEL RO	OAD					208				USA		
11. MARITAL STATUS			T EVER IN U.S. AR						IGIN? (Specify Yes	or No	14. RACE	— American India	in,
t Never Merried 2 Merri 3 Wildowed 4 Divorced		IF YES, GIVE V	YES 2X	NO			NO Spe		rto Ricen, etc.)		Speci		
t5. DECEDEN (Specify only high	IT'S EDUCATIO	ON plotacii			USUAL OC				16b. KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0-12)	1	ollege (1-4 or 5	life	. Do NOT us	work done du se retired.)	inng mast o	working						- 1
12			H	HOMEM	AKER					OWN	HOM	E	
17. FATNER'S NAME (First, Middle,	Last)					18	. MOTNER'S	NAME (Fi	rst, Middle, Maiden	Sumame)			
AARON	OTA .	S	CHEIN		11.7			JEN			TAY	LOR	
ton. INFORMANT'S NAME (Type/P MR. SAMUEL FRA		HUSBANI							Number, City or Tow			28	
20a. METHOD OF DISPOSITION	111 (I	1100DZ II.V	20b.PLACE							_	City or To		
t Buriel 2 Cremetion 3 4 Donation 5 Other (Spec		from State										TERSTOWN	, MD
21. SIGNATURE OF FUNERAL SEI		EE	A	10 011	22. N	AME AND	ADDRESS OF	FACILITY			IUIO.	101010111	7 110
lest	4 M.	6	44						BROS., I				
HUUV	r ///	w	wo						VN ROAD				215
23. PART I. Enter the disess shock, or heart	ses, or comp fallure. List	only one ceu	t coused the de ise on each line	eath. Do i e.	not enter 1	hs mode	of dylng, s	such aa	cardisc or respi	ratory sr	rest,	Approximation interval Ba	
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a					DISI	EASE	/RI	ENAL F	AILV	RE	Onset and	Death
	-		(OR AS A CONSE			AIT I	OLARE	727	MELLIT	10			- 1
Sequentially list conditions	,	DUE TO	(OR AS A CONSE	OUENCE O	EIAPC	714/	DILIDO	-10	WEITIL				
If any, laading to immediate cause. Enter UNDERLYING	•		YPERTEN										1
CAUSE (Disease or Injury that initiated events	c		(OR AS A CONSE		F):							-	
resulting in death) LAST													
	d												
PART II. Other significant c								In Pert	1. 24a. WAS AN		24b	. WERE AUTOPSY FI	
PERIPHERAL		LAR D	NEATE	CORI	ONAR	Y AR	TEIN		1 TYES 2			COMPLETION OF C	
DISEA	J.E		·									1 TYES 2	NO
DID TOBACCO USE	CONTRIB	UTE TO CA					UNCERT	AIN 🗷					
25. WAS CASE REFERRED TO ME EXAMINER?		SPITAL:	26. PLA	CE OF DEA	TH (Check o								
1 TYES 2 NO	18	Inpatient 2	ER/Outpatient 3	3 🗆 DOA	4 Nursi		5 🗌 Residen	ice 8 🗆 (	Other (Specify)				
27. MANNER OF DEATN  1 Natural 5 Pend	No.	28a. DATE Of (Month, E	INJURY Pay, Year)	28b. TIM	IE OF JURY	28c. INJUR WORK		28d.	DESCRIBE NOW I	NJURY OC	CURED		
	atigation .				М		2 NO						
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, straet, factory, or building, stc. (Specify)									LOCATION (Street City or Town, State)	and Numbe	or Or Rural I	Route Number,	100
29a. CERTIFIER	NO PNYSICIAN	: To the best o	my knowledge, de	eath occurr	ed at the tir	ne, data an	d piece, and	due to the	cause(a) end ma	oner as at-	nted.		
one)												a) and manner as s	tated.
29b. SIGNATURE AND TITLE OF	CERTIFIER					2	c. LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)	
Paul Sea	de, 00	0				P	524023	324 P.	00145	D	AVV	PJ 31, 19	96
30. NAME AND ADDRESS OF PER		MPLETED CAU	SE OF DEATH (ITE			~ A\	l CAN:	- 17	Al Ti samo	_ ~	na m		
31. DATE FILED (Month, Day, Year)	H DO	A REGISTR	THE SIGNATURE	RELL	ELEK	E 12	IENVE	6	ALTIMOR	1 2	I I THEY	UND	_
FEB 0 6 1996	jala	CU REMEMBER	242042										

12

	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	, cremation, or removal.	event, the medical examiner must be notified at once.
	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	ERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	. He'll within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	NPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	TO THE OSPITAL	TO THE PUNERAL	The Field within 72	IMPORTANT: If

1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE O	F DEATH			3. TIME OF DEATH
Helen Feigley	HELEN	ERESA FE	IGLEY				MONTH	DV	2, 1	996	10 AM
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH	_, _	BIRTI	IPLACE (State or Foreign
214-03-2624	t 🗌 M 2 💢 F	76	YRS.	MONTHS DAYS	HOURS	MIN.		19.1	919	Count	ruland
Se. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOWN	OR LOCAT	ION OF DE		,,,,		NTY OF D	
234 Colgate Ave.					Dun	idalk	2		В	alti	more
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY LIMITS?
Maryland	Baltim	ore				Duna	lalk				1 TYES 2 NO
10a, STREET AND NUMBER				1	of. ZIP COD	Œ			10g. CIT	ZEN OF	WHAT COUNTRY?
234 Colgate Aven				$\overline{}$			222				d States
11. MARITAL STATUS  1 Never Married 2 X Married		YES 2X					NIC ORIGIN? in, Puerto Ri		or No-	14. RAC Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗌 YI	S 2 NO	Specif	y:			Spec	white
15. DECEDENT'S EDUC	CATION	16a. C	ECEDENT'S	USUAL OCCUPA	TION		16b, I	CIND OF BU	SINESS/IND	DUSTRY	wille
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		Give kind of te. Do NOT u	work done during i se retired.)	nost of work	ing					
8 Years	conege (1-4 or o	"	Rive	tor.				Ai	rcra	ht	
17. FATHER'S NAME (First, Middle, Last)			10000		18. MOT	THER'S NA	ME (First, Mi			n/C	
Joseph Malecki					Aan	ies B	rowsk	i			
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Stree					m, State, Zip	Code)	
Edgar W. Feigley			234	Colgat	e Ave	nue	Dund	alk.	Mary	land	21222
20a. METHOD OF DISPOSITION 1 [X] Buriel 2 Cremetion 3 Remo	mmi Imm State			OF DISPOSITION			DATE		CATION —		
4 Donetion 8 Donetion Other (Specify)		- St.	Stani	slaus C	em. 2	16/1	996	Du	ndal	k. M	aruland
21. SIGNATURE OF FUNERAL SURVEY LIE	ENGEE /			22. NAME	AND ADDRE	ESS OF FA	CILITY				
1 5701	LEA						e. D				alk, Inc.
23. PART I. Enter the diseases, or o	omplications the	it caused the	leath. Do	not enter the n	node of dy	ying, suc	h as cardi	ac or resp	Iratory an	rest,	Approximate
ahock, or haart fallura. IMMEDIATE CAUSE (Final	List only one ca	use on each lie	na.						,		Interval Betwe
disease or condition	ALEC	11. 1	tok	11							2-36
resulting in daeth)	DUE TO	OR AS A CONS	EOUENCE C	OF):							
	old.	41									5-46.
Sequentially list conditions, if any, leading to immediate		(OR AS A CONS	EQUENCE O	NF):							
CAUSE (Disease or injury		COA									ty.
that initiated aventa resulting in death) LAST	DUE TO	OR AS A CONS	EQUENCE C	PF):							
	1 Chr	H.	u								
PART ii. Other aignificant condition	e contributing to	daath but not	resulting	in the underly	ing cause	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDING
								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_						OF DEATH?
DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DE	ATH Y	ES NO	□ UN	CERTAI	N 🗆				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEA	ATH (Check only or	e)						
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	ome 5 F	Residence	6 Other	(Specify)			
27. MANNER OF DEATH	26e. DATE O	F INJURY Day, Year)	28b. TII		NJURY AT		20d. DESC	RIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	Two starts	ouy, roury			YES 2	□ NO					
3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — At , etc. (Specify)	home, tarm,	atreet, lactory, of	fice		281. LOCA	TION (Street Town, State	and Numbe	r or Rural	Route Number,
4 Homicide determined								10111, 01010			
29e. CERTIFIER (Check only	CIAN: To the beat o	l my knowledge,	death occur	red at the time, di	ite and plac	a, and du	to the caus	e(a) and ma	nner sa ata	ted.	
one) 2 MEDICAL EXAMINE	R: On the beels of	examination end/o	r Investigati	on, In my opinion	, death occ	ured at the	time, date a	and place, a	nd due lo ti	he cause	a) and manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIED			1		29c. LIC	CENSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
	,	no			9	14	22	- /	•	2.	2-86
30. NAME AND ABDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ	e, Print	0 .		1			_	
- 1 11 1 /	1 -	2	9	12.	BG,	7	1904	47	Aca	9/1	) /
1. H. M.	0001	2 1	7		, , ,				-	21 "	/

## Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death January 3. Time of Death **Physician** Month Day Vincent J. Farrell 4c. County of Death 9:45 p.m. 25,1 Wanusyy /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

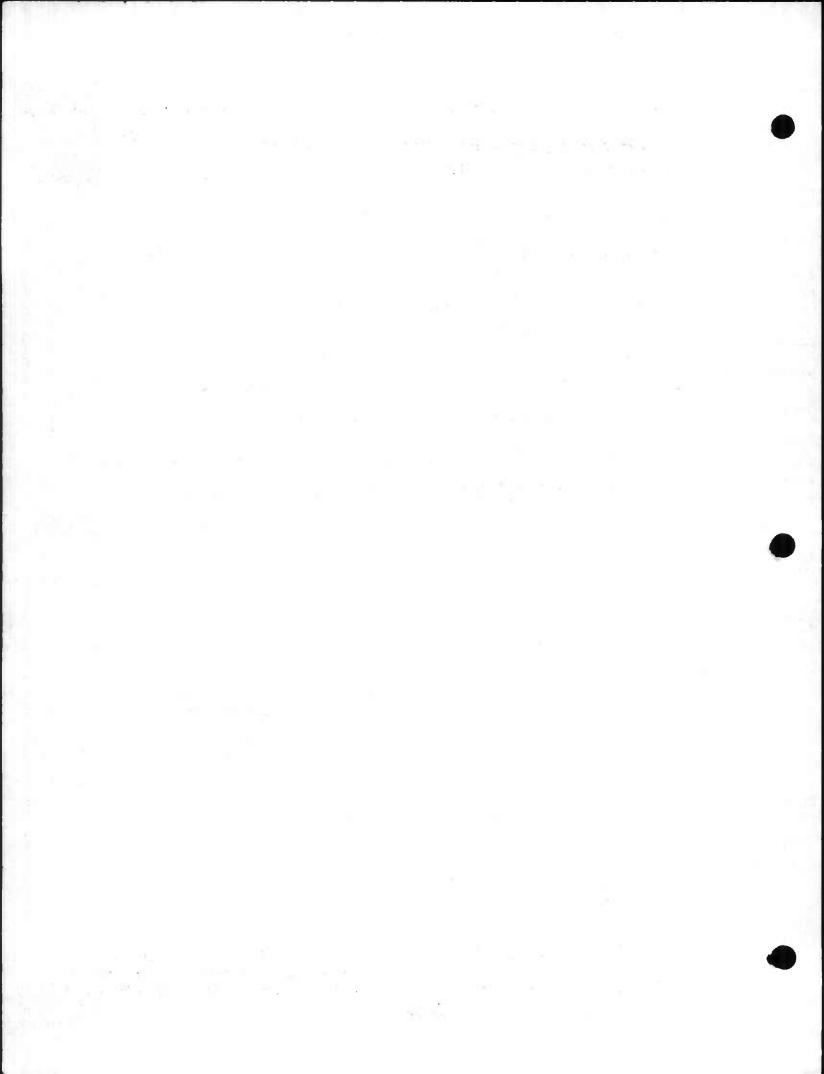
July 9, 191 Baltimo Meridian Nursing Center 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 10 M 2□ F 84 082-09-8471 Yrs. Director New York State 1911 Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examiner mast be notified at Baltimore Maryland Towson 1 ☐ Yas 2 No Director 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda with 21204 7321 Yorktowne Drive death Funeral permit. Pages 1 and 2 should be filled within 72 hours effer deal Department of Health end Mental Hygiene. Important if flem 27 is marked other than "natural" — any injury or other traumatic even. 12. Was Decedent Ever in U,S. Armed Forces? Race - Amarican Indian, Biack, Whita, etc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 Yas 2 No If Yas, Giva Year or Datas: 1 □ Never Married 2 □ Married White 1 Yas 2 XNo Specify: Ď 3 (Widowed 4 Divorced Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Accounting 12th grade years CPA-Tax Accountant 17. Fathar'a Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Patrick Farrell Ann Hanson 2 19a. Informant's Name/Ralationship (Type, Print) (daughter) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 7321 Yorktowne Drive-Towson, Maryland 21204 Gail P. Colbeck 20a. Mathod of Disposition 20b. Piace of Disposition (Name of cematary, crematory or other place) Data 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramovai from Stata 4 ☑ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Service Licensee Wade, Dir. State Anatomy Board-655 w. Baltimore Street Rm. B026-Baltimore, Maryland Part1. Entar tha diseasa, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betw Onset and Death **Physician** /Medical Immediate Cause (Finai 1050 disaasa or condition rasulting in daath) **Examiner** Due to (or as a consequence of): Examiner 20 9 physician end the buriel-transit Sequentially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Diseasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) The law requires that the deeth certificate be exec Box 68760 Physician/Medical Due to (or as a consequence of): USB BS attending ó sate has been signed by the a page 2 should be detached t Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 → Onknown 1 Yes 2 No þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate 1 Yea 2 1 No 1 Yes 2 No Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funerel Director: After this certifica completely filled in by the funeral director, I 25. Was casa refarred to medical Be 26. Placa of Death (Check only ona) Hospitai: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 2 1 Yas 2 No 27. Manner of Death Certification: 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascriba how Injury occurred 5 Panding 1 Natural 1 Yes 2 No Investigation 2 Accidant 6 Could not be datarmined 3 Sulcide 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 [] Homicida 1 Dertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifier Medicai 29b. Signature and title of certifier License number 29d. Date signed (Month, Day, Year) 30. Name and edd/ess of person who completed cause of death (tam 23a) (Type, Print) all Stronger Frankel 111 Hamlet Hell Rd-Baltimer 31. Data filed (Month, Day 995) State Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02796

				(	Certifica	te of	Death	F	Reg. No.	0 0 0	2130
Dharaini		1. Decedent's Neme (First, Middle, L.	est)					2. Dete of Dee	Dey Dey	Year	3. Time of Death
Physici /Medic		Frank	Freit	ag				Januar			10:10 pm
Examir		4a. Fecliity Name (If not Institution, gi	ve street end number)				4b. City, Town, or	Location of Deeth			
		Johns Hopkins Bay	view Medica	l Cente	er		Baltimor	e	N	/A	
Funeral Director				In yrs. last birth	Months	Deys			, Year) 28	9. Birthplace Country)	e (Stete or Foreign MD
>		Usuei Residence of Decedent  10e. Stete 10b. County		0c. City, Town	and another					1.0.1	
Sa-f ahor	Director		ltimore	oc. CRy, Town	Dunda	lk					Inside City Limits  1 ☐ Yas 2 🗓 No
23a or 21	ai Dire	10e. Street and Number 2512 Plainfie	ld Rd.		10f. Z	p Code 2122	22		10g. Citizen of N USA	What Country'	?
nt of neatin and Mental Hyglehe. If the marked other than "natural", or items 23a or 28a-f show If there traumatic avant, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. Wes Decedent Even Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes:		13. Wes Deci If Yes, sp 1  Yes		Hispanic Origin? (5 pen, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	Blee	e - American ck, White, etc.	
Scal	Completed	15. Decedent's E (Specify only highest gi	ducation	16a. D	Decedent's Usi	uel Occu	pation	ndrina	16b. Kind of B	usiness/indus	try
Wes	nple	Elementery/Secondery (0-12)	College (1-4or 5+)				during most of wo	nking			
Hygiene. ther than ant, the M	Co	8	0		Salespe	rsor	1			Seafood	1
2 should be filed within and Mental Hygiene. a marked other than " aumatic avant, the Me To Be Comple	Be	17. Fether's Neme (First, Middle, Las Frank Freit:	•	18. Mother's Neme Eleano					Meiden Suman Uf	19)	
Haaith and Parm 27 Is me		19a. Intorment's Neme/Reletionship Dorothy Mannin	(Type, Print) 5/companion	19b. I 2.5	Meiling Addres	s (Stree infi	tend Number or R Leld Rd.	ural Route Numbe Dundalk	r, City or Town, MD 212		ide)
itam 27 other tr	İ	20e. Method of Disposition		20b. Plece of E	Disposition (Ne	me of	acel	Dete	20c. Location -	City or Town	, Stete
TY Or		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci	Removel from State		Crema			2-5-96	Catons	ville,	MD
Department of Haz Important: If itam any Injury or othe once.		21. Signature of Fanerel Service Lies	Home	21207							
-		23e. Part1. Enter the disease, or con shock, or heart tellure. List only	policetions that caused to	deeth Do no							pproximete terval Between
ysician Medical aminer	Examiner	Immediate Cause (Final disease or condition resulting in death)	D	SCIFE  Je to (or as a co	OKE	i:	HEAR	- Dr.	SEASE		MONTHS  DAYS
physician and s the burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	C	e to (or es e co							
D 8	v/Medical	resulting in deeth) Last									
d for use	Clai	Part II Other elgolficent conditions	and the diagram doubt here	ant consider to t	the constant described		tran in Dard I	not Did a		madhista as ab	a course of deaths
ed by the detached	/ Physician/	Part II. Other significant conditions	contributing to death but r	not resulting in t	ne underrying	cause g	ven in Parti.				e cause of death?
has been sign je 2 should be	Completed by							24a. Was a	an autopsy med?	avella	autopsy findings ble prior to letion of cause ath?
1 8 8	E							1 D Y	es 2000	10Y	es 2X No
201, 1	Be	25. Was case reterred to medical					28. Place of De	ath (Check only o	ne)		
9 10	0	examiner?	Hospital: inpatient	2 ☐ ER/Outp	etient 3 D	OA Ot	han	Home 5 Resid		er (Specify)	
o funeral	ation: T	27. Magner ot Deeth 1 Naturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day Y	28b. Tir	1137	28c. inju		28d. Describe h			
s after or Il Directo Id in by th	Certification:	3 Sulcide 8 Could not be determined	28e. Pieca of Injury building, etc. (		n, street, facto	ry, offica		28f. Location (S City or Tow		per or Rural Re	oute Number,
within 24 hours  To the Funeral   completely filled	edical		nysician: To the best of n ninar: On the basis of ex end menner stete	aminetion end/							
within To the comple	Z	29b. Signeture and title of cartifier			29	c. Licen	se number		29d. Date signe	d (Month, Day	y, Year)
		Micha	16000	11		1	10/-11		D-b	1 10	06
	-	30. Name and address of person who	completed states of deat	th (item 22a) /F	Vno Print1 *		10654		Februar		
3		11	1	ar (11 <del>0</del> 111 238) (1			Hopkins				
		31. Dete tiled (Month, Dey, Year)	OOPER	Signature		1940	Eastern	avenue,	Balt1W0	re, Ma	21224
Sta	te	FED 0 6 1006	32. Hegistler's	Signature	,						



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	REGISTRAR	STATE OF MARY		ICATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) ETHEL CAR	EFNBERG				MONT		30 199	AR	1 4:45 P		
	4. SOCIAL SECURITY NUMBER 172-05-9637	1 🗆 M 2 🙀 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAR.	of BIRTH h, Day, Year) 13,19	14 (	PENN	CE (State or Foreign ISYLVANIA		
OB	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  NORTHWEST HOSPITAL CENTER  RANDALLSTOWN  BALTIMORE											
DIRECTOR	10e. STATE 10b. COUNT	n/a	t0c. CIT	TY, TOWN OR LOCA	TION IMORE					INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER				1. ZIP CODE	_		10g. CITIZEN	OF WHAT			
BY FUNERAL	5715 PARK HEIGHT  11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	tz. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED	If yes, sp	2121: CENDENT OF HISPAI Decity Cuben, Mexica S 2 NO Specific	NIC ORIGII in, Puerto			RACE — / Black, Wh Specify:	American Indian, nite, etc.  WHIT		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		ON ost of working		SEWOOD					
COMPL	12 17. FATHER'S NAME (First, Middle, Last) SAMUEL		VOLK	E'S AIDE	18. MOTHER'S NA	ME (First,				INKNOWN		
TO BE	19a. INFORMANT'S NAME (Type/Print)	GREENBERG (S	19b. MAILING		and Number or Rural RT BALTI	Route Num						
	20a. METHOD OF DISPOSITION 1  Burlel 2  Cremetion 3 X Red 4  Donation 1  Other (Specify)	moval from State C6	DEGAL	ISRAEL	or Town,							
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21 23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest,   Approxima											
	23. PART I. Enter the diseases, or shock, or heart failure	commications that cause a. List only Dna cause on	ed the death. Oo aach line.							Approximate		
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heart failure ahock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	not enter the mo						Approximate Interval Batw		
AL CERTIFI	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE O	not enter the mo	ode of dying, auc	h aa car		AUTOPSY MED?	24b. WEI AMA COI OF	Approximate Interval Batw Oneat and D. Oneat		
MEDICAL CERTIFI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition of the condition of	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF DEATH Y	DF):  DF):  In the underlying  TES NO [  ATH (Check only one)	ode of dying, auc	Part I.	diac or raspli	AUTOPSY MED?	24b. WEI AMA COI OF	Approximate Interval Batw Onest and D Ones		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLANE 1 - STATE REGISTRAR	) / DEPARTME			MENTAL HYGIEN	E								
	1. DECEDENT'S NAME (First, Middle, Last)  £1/A M SROU				2. DATE OF DEATH MONTH DATE	o gre	3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 213-30-3713 5. SEX 6. AGE (In yrs. $\frac{1}{1}$ M $\frac{2}{1}$ F 6. AGE (In yrs. $\frac{1}{1}$	YRS. MONT		IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) August 22	,1938								
TOR	98. FACILITY NAME (If not institution, give street and number) Johns Hopkins Bayview RESIDENCE OF DECEDENT			r LOCATION OF DE	ATH	Baltin	more City							
DIRECTOR	10e. STATE 10b. COUNTY MD Baltimore City	10c. CITY, TOV	wn or locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
FUNERAL	327 S. Bouldin Street	· :-	101.	21224		USA	OF WHAT COUNTRY?							
ВҰ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	II yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  Sth  College (1-4 or 5+)	DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Homemake	lone during mos ed.)		Own ho		TRY							
E COM	17. FATHER'S NAME (First, Middle, Lest) Edward C Blimline, Sr.				ME (First, Middle, Maiden									
TO BE	19m. INFORMANT'S NAME (Type/Print) Donald Groves (husband)			n Street	noute Number City or Tow	re,MD	21224							
	1 Donation 5 Other (Specify)	CEAND DATE OF DIS r, cremetory or other pi Metro Cre	matory	me of 2 /	2/96 Cat	onsvil	le, MD							
	21. SIGNATURE OF FUNERAL APPRICE LICENSEE  Dean P Charlton		Charl	ton Fune	eral Home Ave, Balt									
	23. PART I. Enter the diseases, or complications that caused the shock, or heert failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A COL	stotic			ALC CO		Interval Between Onset and Death							
CERTIFICATION	Sequentially list conditions, If sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  c.  DUE TO (OR AS A CONSEQUENCE OF):  d.													
MEDICAL O	PART II. Other significent conditions contributing to deeth but in STR. OKL X2 , E. Celic	sigtice	mio		PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	PLACE OF DEATH (C		UNCERTAIN	101									
HYSI	1 YES 2 NO 12 Inpetient 2 ER/Outpetien 27. MANNER OF DEATH 288. DATE OF INJURY	nt 3 DDA 4 DDA 4 D	Nursing Hom 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED							
BY PI	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY		PRK? YES 2 NO										
ETED E	3 Suicide 6 Could not be datermined 28s. PLACE OF INJURY — 4 building, etc. (Specify)	At home, ferm, street	I, lactory, offic		261. LOCATION (Street City or Town, State	and Number or ))	Rural Route Number,							
COMPLE	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and													
BE	296. SIGNATURE AND TITLE OF CONTIFIER			29c. LICENSE NUI	alle san	29d. DATE S	IGNED (Month, Day, Year)							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Orio			•		1.							
	John R. Burton, M.D. JHBMC 4940			- 9-11	1/5 1									

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State of Maryland / Department of Health and Mental Hygiene 96 02799

					Certificat	e of l	Death	Re	ng. No.	0 1				
		1. Decedant's Nama (First, Middla, La	ist)					2. Data of Daath Month	h	/ear	3. Tima of Death			
Physi /Med			Margare	et M. Gu	nther			Feb.2,		rear	4:45 ATT			
Exam		4a. Facility Nama (If not Institution, given				4	tb. City, Town, or Lo		4c. County of	Death				
		1056 Thomas Roa	d				Glen Bur	nie	Anne	a Ar	undel			
Funera		5. Social Security Number 6. 5	Sex 7. A	ga (In yrs. last bir	thday) If Undar		If Undar 24 Hrs.	6. Data of Birth (Month, Day,			aca (Stata or Foreign			
Directo		213-64-2490 Usuai Rasidance of Dacedant	1□M 2対F	82	Yrs. Months	Days	Hours Min.	Feb. 24,			aryland			
yland		10a. Stata 10b. County		10c. City, Tow	n or Location					10	Od. Insida City Limits			
ith with the Marylar 23a or 28a-f show	ţċ	Maryland N/A		Bal	timore						1 Yas 2 No			
or 28	Director	10e. Street and Number			10f. Zip	Coda		10	og. Citizan of Wh	at Coun	try?			
Jan o		7825 Br	idge Drive	2	2	21226	5		U.S.A	A .				
ter deat	Funeral	11. Marital Status	12. Was Decedant	Evar In U.S.	13. Was Deced	dent of H	ispanic Origin? (Sp in, Maxican, Puarto	ecify Yas or No-	14. Race -					
0 4 5	þ	1 ☐ Navar Married 2 ☐ Married 3 ② Widowed 4 ☐ Divorced	Armed Forces?  1  Yas 2  If Yas, Giva Yaar or Datas:		1 Yas, spec		in, Maxican, Puarto Specify:	Hican, atc.)	Biack, Specify:	Black, Whita, atc.  pecify: White				
72 hours	3	15. Decedant's E	ducation	16a.	Decedant's Usua	al Occupi	ation	. 1	16b. Kind of Busi	nass/Ind	lustry			
215 hin 7	Completed	(Specify only highast grant Eiamantary/Secondary (0-12)	ada complated) Collega (1-4or	5.1	(Giva kind of wo	rk dona d sa ratired	during most of work i)	ing						
d withinglene.	E O	8	Conega (1-40)	34)	Housev	vife			Own Home	9				
be filed that Hyge d other	Be	17. Fathar's Nama (First, Middla, Last	)				18. Mothar's Name							
/au Wid b Ments rked	To		William 1	Pepersac	k		Lena	U	nknown					
Maryland 212. 42 should be filed within h and Mental Hygiene. 7 is marked other than traumatic event, the Mental traumatic event, the Mental Hygiene.		19a. Informant's Name/Ralationship (	Type, Print)	19b	. Mailing Addrass	(Street	and Number or Run	al Routa Number,	City or Town, St	ata, Zip	Code)			
M nd 2		Mrs.Marie Willi	.ams	10	56 Thoma	as Ro	oad Glen	Burnie,M	aryland	212	26			
S 1 8 1 6 Heart Heart office		20a. Mathod of Disposition		20b. Piace of	Disposition (Narry, crematory or o	na of		Data 2	20c. Location - Ci	ity or To	wn, Stata			
Baltimore, Mappenir. Pages 1 end 2: Department of Health at Important: If item 27 is any injury or other trans.		1 Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Special					Park Feb.	5.1996	Baltimon	re M	aryland 21:			
ingertin		21. Signature of Funaral Sarvice Ligar		ricadow	22. Nama an			3/1330	Darcino	/11	aryrana zr			
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		para S	azm	vi	3204	Mour	ntain Roa	d Pasade	na, Mary	land	21122			
		23a Part1. Enter the disease, or com shook, or heart failure. List only	one cause on each I	d tha daath. Do i	not antar tha mod	la of dyln	g, such as cardiac	or raspiratory arra	ıst,		Approximata Interval Between			
Physician	_		.1/1	1	11.		1.	-	1	ŧ	Onset and Death			
/Medica Examine		Immediata Causa (Finai disaasa or condition rasulting in daath)	. 7	Teme 100 Paidial Interested Immedia										
	2.1	rasulting in death)	/	Dua to (or as a	consequance of):									
2 %	Examiner		b							i				
, P.O. Box 68760, that the death certificate be executed ed by the attending physician and deteched for use as the burial-transit	Хац	Sequentially list conditions,		Dua to (or as a	consequance of):									
68760, ificate be extended go physician as the burial	=	Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury	C											
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X 6 artific			4							1				
Box eath cer attendir	an		d							1				
od for	Physician/	Part II. Other significant conditions of	ontributing to death b	out not rasulting Ir	tha undarlying o	ausa giv	an In Part I.	23b. Did tol	bacco use contr	ibute to	the cause of death?			
P.O. at the de de de de de de de de de de de de de	Ę,							1□ Ye	s 2⊡No 3	□ Prob	ably 4 Unknown			
	by													
been s	Completed							24a. Was ar perform	n autopsy ned?	SVS	re sutopsy findings ilabla prior to applation of cause			
has pe 2	E G								/		idath?			
Cate								1 □ Ya	s 2000	1 🗆	Yas 20 No			
Of Vital Physicism The ribis certificate and director, pag	a	25. Was casa rafarred to medical axaminar?	Hospital:			011	26. Place of Deat	h (Check only one	a)					
of other string of the string	5	1 Yas 2 Yo	1 L Inpate		·		4 LI Nursing Ho	ma 54 Hasida			)			
Division of Vital to Attending Physicism Teffer death.  Director: After this certificat in by the funeral director, p.	Certification:	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Data of Inju (Month, Da	y Year) 28b. 1		8c. Injun Worl		28d. Describe ho	w Injury occurred	1				
VISION Attending or death. ector: After	cat	2 Accidant invastigation 3 Sulcida 6 Could not b			М		Yas 2□No							
ivi v An there irect	吾	4 Homicida datarminad	28a, Place of In	ury - At homa, fa c. <i>(Specify)</i>	rm, streat, factory	y, office		26f. Location (Str City or Town,	reet and Number , Stata)	or Rura	Routa Number,			
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Division of Vita To the Hospital or Attending Physicient within 24 hours effer death.  To the Funeral Director: After this certific completely filled in by the funeral director,	edicai	29a. Certifiar 1 Cartifying Ph	ysician: To the best niner: On the basis o	of my knowladga f axamination and fited.	, daath occurred d/or invastigation,	at the tim In my of	na, data and place, pinion, daath occurr	and dua to tha ca ed at tha tima, da	usa(s) and mann ita and place, an	nar as st d dua to	ated. tha causa(s)			
Althii To th	X	29b. Signature and title of partitier	1/1	1	290	. Ligense	e number	29	d. Date signed (	Mgnth, L	Day, Year)			
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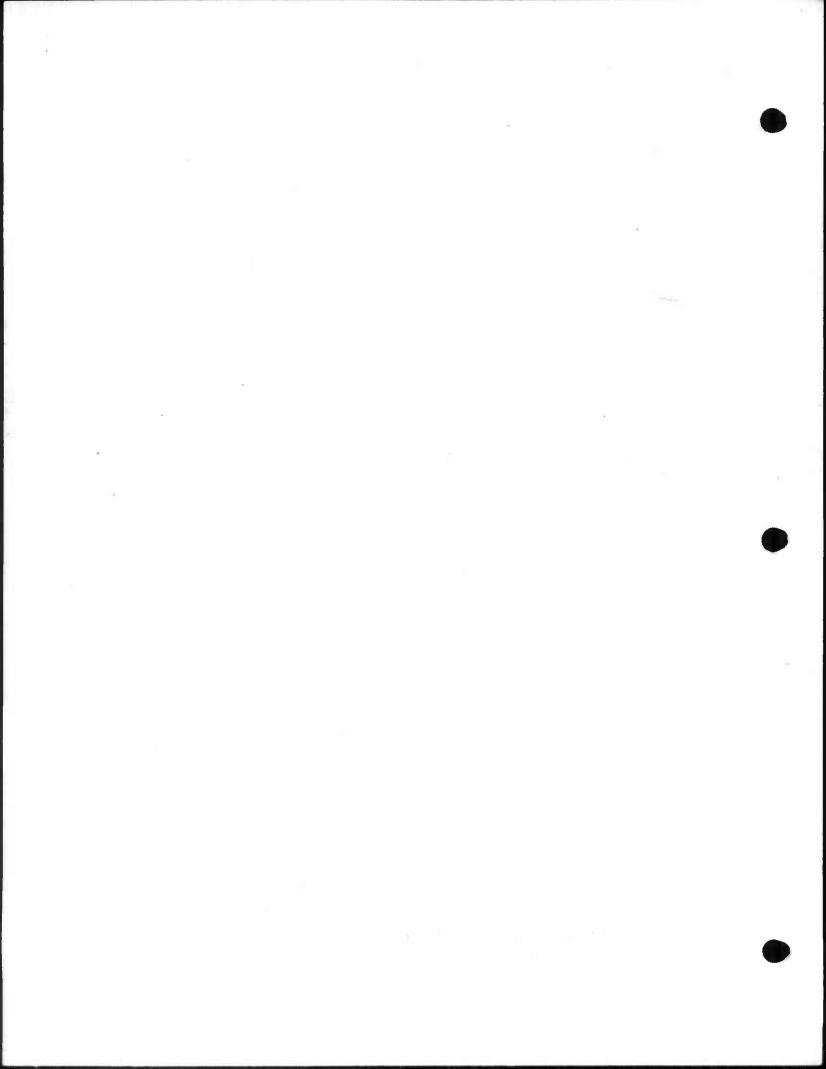
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** John Parker Grove Jr. 4,1996 February 4:30 A.N /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 8415 Allison Lane Rosedale Baltimore 8. Data of Birth (Month, Pay, Year) June 10, 1910 If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar 9. Birthplaca (State or Foreign **Funeral** Days Hours Country Mary Land 1⊠M 2□ F 705-10-9662 Yrs. 85 Director Usual Rasidance of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or thems 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Baltimore Rosedale 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Pages 1 and 2 should be filled within 72 hours efter death with t Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or hame not injury or other traumation. 8415 Allison Lane 21237 United States Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No if Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à 3 ☑ Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 12th Grade Engineer Railroad 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumama) John Parker Grove Sr. Georgia Viola Lusby 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Richard Carlton Grove-Son 3824 Bayonne Avenue, Baltimore, Maryland-21206 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Burial 2 Cramation 3 Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Parkwood Cemetery 2-7-96 Baltimore, MAryland 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility 6415 Belair Road John C. Miller, Inc. Baltimore, Maryland-21206 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, at heart lailure. List only one cause on each life. Approximata arval Bety Onsat and Death **Physician** /Medical Immediata Causa (Final diseasa or conditior rasulting in death) Examiner Dua to (or as a consequence Examiner physician and the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disease or injury that Initiated avants resulting in death) Last Dua to (or as a consequence of): Box 68760. on that the death certificate be Physician/Medical Dua to (or as a consequance of): attending USe 6 Part ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 ☐ Unknown peubi þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? The law 2 e0ed 量 1 Yas 2 TUNG 1 □ Yas 2 □ No certificate Physician: Be 25. Was casa ratarrad to medical axaminar? 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 TLNe 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: To the Hospital or Attending P within 24 hours after death.
To the Funeral Director: After it 1 Naturel 5 Panding invastigation 1 Yes 2 No 2 Accident 6 Could not be datarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, Ierm, street, lactory, offica building, etc. (Specify) 4 D Homicide 29e. Cartifian 1 🕒 Certifying Physician: To tha best of my knowladga, deeth occurred at the time, date and plece, and due to the cause(s) and mannar as stated. edical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and mannar stated. 29b. Signature and title of certifie 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item, 23a) (Type, Print) IN D. 6402 GOLDEN RANG. RO. OBERT 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Talia Alwar Randell FEB 0 6 1996 Registrar

THE PARENAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ITEM: 11. PER F.H. FILM G-732 2/6/96 t.t
FOR
STATE
STATE
STATE OF MARYLAND / DE

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.

	REGISTRAR		CERTIF	ICATE C	F DEATH	F	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	**				2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH				
	HELEN 4. SOCIAL SECURITY NUMBER		HAYDEN			FERRE		1996	0045 A M				
	220-03-2074	5. SEX 6.	AGE (In yrs. lest birthday) 74 YRS.	MONTHS DAY		7. DATE OF (Month, D. FEB	BIRTH ey, Year) 09, 192	Count					
	9a. FACILITY NAME (If not institution, give a		IARYLAND										
Œ	ST AGNES HOSPITA	9c. C0	OUNTY OF D										
DIRECTOR	RESIDENCE OF DECEDENT	N	1/A										
EC	10a. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION												
8	MD BA	LTIMORE			N/A				LIMITS?				
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. C	TIZEN OF V	VHAT COUNTRY?				
FUNERAL	1330 INGLESIDE A	VE			2120	07			USA				
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ABMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (S	Specify Yea or No-	14. RACE	- American Indian,				
ВУ	1 Never Married 2)(X) Married	IF YES, OIVE WAR			ES 2 NO Specific		m, atc.)	Speci					
	t5. DECEDENT'S EDU	CATION	1					1	WHITE				
1	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	most of working	16b. KII	ND OF BUSINESS/I	NDUSTRY					
PLE	Elementary/Secondary (0-12)	College (1-4 or 6+)		KEEPER			FRUIT	CO					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First Midd	lle, Malden Surname						
C	EDWARD HRANICK	(I				E NE		,					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number,	City or Town, State.	Zip Code)					
5	HOWARD G. HAYDEN		1330	INGLE	SIDE AVE I	BALTIM	ORE MD.	21207					
	20a. METNOD OF DISPOSITION 1 Disposition 3 Rem		20b. PLACE AND DATE			DATE	20c. LOCATION -	- City or To	wn, Stata				
	4 Donation 6 Other (Specify)	Oval from State	GREEN MOU	NT CRE	MATORY	2/6	BALTIM	ORE M	D.				
	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAMI	AND ADDRESS OF FA	CILITY	EDAT HOM						
	& Hartly &	ot-000			TLEY MILLI 7 HARFORD			21224					
	23. PART I. Enter the diseases, or o	complications that co	used the death. Do	not enter the	mode of dving, auc	h as cardiac	or readiratory	rrest.	Approximata				
	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause	on aach lina.						Interval Between Onset and Dasth				
	disease or condition	Acus	Tole					i 1 fm.					
	reaulting in death)	DUE TO TOP	Tole AS A CONSEQUENCE O	UENCE OF):									
Z	VA	Core	DALLY AL	Teny,	Disease		grain						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEQUENCE O	F):									
2	Cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE O	F):									
<b>5</b>		d,											
	PART II. Other algnificant condition	a contributing to de	ath but not resulting	in the underly	ring cause given in	Part I. 24	. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS				
EDICAL	- to Ange	gplasty-					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEC	7					_   ''	_ 1E9 2 & NO		OF DEATH?				
	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH Y	S 🗆 NO	UNCERTAIN	<u></u>			1 128 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA										
Sign	1 TES 2 ND	HOSPITAL:	/Outpatient 3/0 DOA	OTHER:	ome 6 - Rasidence	6 Other (Sc	peally)						
동	27. MANNER OF DEATN	28a. DATE OF INJ (Month, Day, )			INJURY AT WORK?		BE HOW INJURY O	CCURED					
BY	1 Natural 5 Pending 2 Accident Investigation	(			YES 2 NO								
	3 Suicide 6 Could not be	26a. PLACE OF IN building, etc.	JURY — At home, term, (Specify)	street, factory, o	Mica	201. LOCATIO	ON (Street and Numb	er or Rural R	loute Number,				
	4 Homicide determined	72.15					,,						
집	29a. CERTIFIER t CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occurr	ed at the time, o	ata and place, and due	to the cause(s	and menner as at	ated.					
COMPLETED	one) 2 MEDICAL EXAMINE								and manner se stated.				
	290. SIGNATURE AND TITLE OF CERTIFIER	9	-00		29c. LICENSE NUN	MBER	29d. D/	TE SIONED	(Month, Day, Yber)				
) BE	patware Tu	Dreige	oncy Phy	recian									
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	F DEATN (ITEM 27) (Type	Print)					1 11110				
	CN-NAVARRO	900	CATOM A	VG:	ST. AGNG	S HOST	PITAL	BAUT	one 4,1996 D-14D21229				
	31. DATE FILED (Month, Day, Year)	39 DEGISTRAR'S	SIGNATURE						J 6- P-)				
	FFB 1996	falla di auto	un Markath										



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of Maryland / Department of Health and Mental Hygiene	U	4	0	Ų	4

						JI IVIA	ryiari				Death		vieritai n	Reg. N				
Physicia		1. Decedant's Nan	na (First, Midd	lla, Las		7 7 N T			***	3 3 7 3 7			2. Data of D		ay	Year	3. Time of Death	
/Medic		GERALD	(46 4 5 414 - 41		BRY				H	ANN			FEBRU	1		1996	0015A	1
Examin	er	4a. Facility Nama	It not institution	on, give	streat and nu	imber)					4b. City, To	own, or L	ocation of Da	ath 4		ty of Death		
		GOOD SA	MARIT	AN	HOSP	ITAI	E.	R.			BALT	EMOF	RE CIT	'Y	Cit	У		
Funeral Director		5. Social Security I 220-40-38	Number	5. S		7. Aga		est birthday) Yrs.	If Unda Months	r 1 Yaa	r If Undar		8. Data of E (Month, I July	irth Day, Yea	342	9. Birthp Coun Mary	iaca (Stata or Fore itry)	ign
70		Usuai Rasidance d	of Decedant															
r 28a-f show	Director	10a. Stata Md.	Balti		re			Town or Lo		3						1	0d. Insida City Lim 1 ☐ Yas 2 ☐[1	
28 B	9	10e. Street and Nu	ımber						10f. Zir	Coda				100.0	Citizan of	What Cour	itry?	-
23e or	ral Di	1160	00 Garı	risc	n Fore	st I	Road			211	17					.A.	,	
d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. Hydiene Taster start for the Maryland with the Medical Examiner inset be notified at	by Funeral	11. Marital Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced  12. Was Dacedant Evar in U,S Armed Forcas?  1 Yas 2 No If Yas, Giva Yas or Datas:							U.S. 13. Was Decedant of Hispanic Origin? (Specif Yas, specify Cuben, Maxican, Puarto Ri  1 ☐ Yas 2 ☐ No Specify:						ify Yas or No- lican, atc.)  14. Raca - American Black, Whita, atc  Specify: Whit			
72 ho	eted	(Spe	15. Dacedant's Education (Specify only highast grada complated)						dant's Usu kind of wo	ai Occu	upation a during mos ed)	st of worl	king	16b.	Kind of E	Businass/ind	dustry	
Maryland 21215-0020 d 2 should be filed within 72 hours aft in and Marial Hygiens 17 te marked other than "patural", or traumatic event, the Madical Example than the filed of	Completed	Elamantary/Sec	ondary (0-12)		Collega (	1-4or 5+	Master Pl							Plumbing				
be filed that Hyginal Hyginal dother event, th	Bec	17. Fathar's Nema	(First, Middle.	Last)						18. Mothar'a Nam				ame (First, Middle, Maiden Sumama)				
should be not Mental marked o	To B	Le	ster Ja	ames	Hanna	<u> </u>		Easter E					Estel	Estelle Harvey				
Marylc d 2 should th and Mer 7 le marke traumatic		19a. informant's N	lame/Ralation	ship (T	ype, Print)			19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town,						, Stata, Zip	Code)			
		Marlen	e Parke	er				11600	Gari	isc	n For	est	Rd., O	wing	s Mi	lls,	Md. 2111'	7
DO ges	Ì	20a. Mathod of Dis 1 Denation	Cramation	3 🗆	Ramovai from	Stata		ace of Dispo matary, crai				-1- 0	Data 2/08/9			- City or To		
tir P	-					- 1	Lar						2/00/9	o sy	Kesv	TITE,	rid.	
Baltim permit. Pa Departmen Important: any Injury once.		21. Signature of Fi	115	30	0	1		70	1-1-1-	- 34	Funer	. 7 0	hapel	0 '			W3 0131	
Physician				r comp t only c	lications that on a causa on a				A .			cerdiac	or raspiratory	Owin arrast,	gs M	IIIIS,	Md. 211 Approximata intarval Between Onset and Death	
/Medical Examiner		immediata Causa disaasa or condition rasulting in daath)	on		· Hy			as a conse		مرد	skno	he						

law requires that the death certificate be axecuted attending physician and for use as the burial-transit

Physician/Medical Examiner signed by the air Be Completed by plnods peen Certification: To

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Phywithin 24 hours after death.

To the Funeral Director: A secompletely filled in by the funeral

Medical

Sequentially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Diseasa or injury that initiated events rasulting in death) Last Dua to (or as a consequenca of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 DUnknown

24a. Was an autopsy performed? 2 No 24b. Wara autopsy findings available prior to completion of causa of daath?

Yas 2 No

26. Pieca of Daath (Check only one)

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28b. Tima of injury 28c. Injury at Work? 28d. Describe how injury occurred

28e. Deta of Injury (Month, Day Year) 5 Pending Invastigation 1 Yas 2 No 8 Could not be datamined Place of injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and dua to the cause(s) end mannar as stated.

2 Medical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. e and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year)

Hospitai:

O.C.M.E.

FEBRUARY 05, 1996

who complated causa of death (itam 23a) (Type, Print) CAFON

LOCKE

31. Data filed (Month, Day, Year) FEB 0 61996

25. Was casa rafarred to medicei axaminar?

1 XYas 2 No

27. Mangar of Death

2 Accident

3 Suicida

29a. Cartilla (Chartie

29b. Signal

4 Homicida

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

State Registrar

**DHMH 16 Rev 6/95** 

The same of the sa 

ITEMS: 23 PART I, 27, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 28a-f, PER NEO FILM G-732 2/9/96 State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death I. Decedant's Neme (First, Middla, Last) 2. Dete of Death 3. Time of Death JOSEPH HIGDON **Physician** Month Dey TTT 30 1996 JAN 2324 /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HICKERY AVE & W. 36th st. BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. Month, Day, Ye
Dec 25, 1 7. Age (In yrs. lest birthdey) 5. Sociei Security Number Birthplece (Steta or Foreign Country) **Funeral** XXM 2 F 45 Yrs. Director 218-56-2029 Maryland Usuei Rasidence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f shor traumatic event, the Modical Examinar must be notified at 1 Yas 2 No N/A Directo Maryland Baltimore 10e. Street and Numbar 10f. Zip Code 10g. Citizen of What Country? 1335 Clipper Heights Avenue 21211 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) should be filed within 72 hours after and Mental Hygiene. marked other than "natural", or ite Affred Potests 1969–1975 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas XXNo þ Specify: White 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) Coilega (1-4or 5+) Stock Person Unemployed permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If fram 27 is marked other any Injury or other traumatic event. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be Joseph W. Higdon. 2 Minnie C. Dotson 19e. Informant's Name/Raietlonship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) June Olszweski 3830 Hickory Ave, Baltimore, Maryland 21211 20b. Piace of Disposition (Nema of cemetery, crametory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Bunal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Garrison Forest VA Cemetery2/5/96 Owings Mills, Maryland 21. Signatura of Funeral Sarvice Licensae 22. Name end Addrass of Facility A. Alan Seitz, Jr. Funeral Home 3818 Roland Ave, Baltimore, Maryland 21211 23a. Pert1. Enter the disease, or complications that ceused the death. Do not entar tha moda of dying, such as cardiac or raspiratory arrest, shock, or haart failura. List only ona causa on each line. Approximete Intarvai Betwaan Onset end Deeth **Physician** /Medical Immediete Ceusa (Final ALCOHOL INTOXICATION disaase or condition rasulting in daath) **Examiner** Dua to (or as a consequence of): Examiner sician and burial-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseese or Injury that Initiatad events rasulting in daath) Last Dua to (or as a consequence of): physician s the burial Physician/Medical Dua to (or es e consaguance of) 88 usa lor. Part tl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 8 24b. Were autopsy findings evailable prior to Completed 24a. Was an autopsy peeu completion of ceuse of deeth? hes page certificate 19 Yes 2 □ No 1 ☐ Yas 2 ☐ No 25. Wes cesa rafarred to medicai Be 28. Pieca of Deeth (Check only ona) axaminer? 1∰ Yas 2☐ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☒ Residenca 6 ☐ Other (Specify) 2 this 27. Manner of Death

P.O. Box 68760, Records, Division of Vital Attending Physician: funeral After death. Alterpital or Attendi 24 pour allei death Figural Director: A et av Illing a by tha f

28e. Data of Injury (Month, Dey Year) 28b. Tima of FOUNDury 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending invastigation 1 Naturai

1 ☐ Yas XX No FOUND: 1/30/96 11:20 UNKNOWN 2 Accidant Could not ba datarmined 3 Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 1031 W. 36TH STREET 4 Homicide

28e. Plece of injury - At homa, farm, streat, factory, office building, atc. (Specify)

FOUND AT HOME BALTIMORE, MARYLAND

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, and due to the ceuse(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner stated. 29e. Cartifiar 29b. Signature and title of conflict 29c. License number. 29d. Data signed (Month, Day, Year)

O.C.M.E

31,1996 JANUARY

30. Name and eddress of person who completed ceusa of daath (Itam 23a) (Type, Print) rowler Javid

111 Penn Street, Baltimore, Maryland 21201

State Registrar

P by

31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura

FEB 0 6 1996

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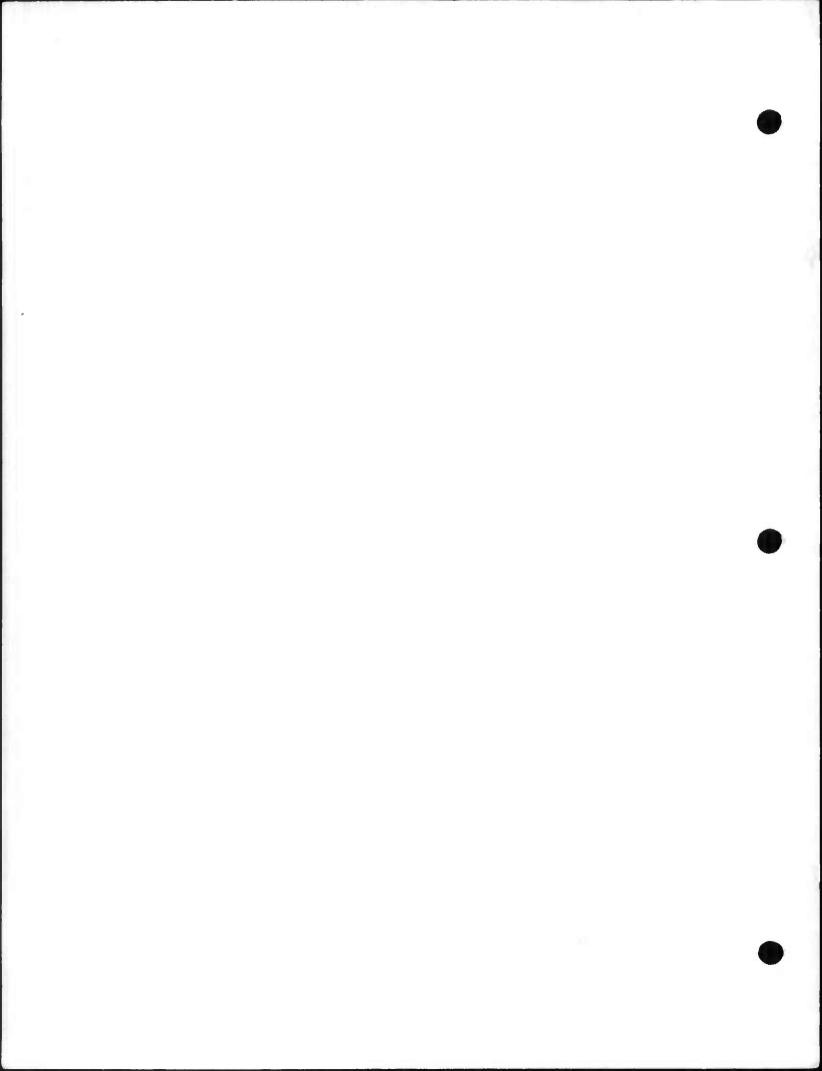
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH EMMA MARGARETTA HAMBLETON February 1996 4:07 p M A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 212-36-5757 1 🗌 M 2 💢 F 93 DAYS HOURS February 11 1902 Maryland 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 6401 Loch Raven Blvd. Apt. 243 Baltimore N/A Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6401 Loch Raven Blvd. Apt. 243 beath. Page 6 may be retained by the hospital or attending physician. furneral director, page 5 should be detached for use as the burial-transit 21239 United States 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 t Never Married 2 Married 1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) James William McCubbin # Graninger BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Kathryn A. Yarbrough 7917 Hillendale Road Baltimore, MD 21234 hours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION
t X Burlal 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Parkwood Cemetery 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. leven 6500 York Road Baltimore, Maryland 21212 n by the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata filled in I shock, or heart failure. List only one cause on each line Interval Between 6 and completely filled to burial, cremation, o IMMEDIATE CAUSE (Final Onset and Death the disease or condition Cerebro Vascular accident. 96 resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 8 If any, leading to immediate cause. Enter UNDERLYING physician 10408 requires that the death certificate be prior Hyperlendon CAUSE (Disease Dr Injury other DUE TO (DR AS A CONSEQUENCE OF) that initiated events attending p resulting in death) LAST 6 the atten Infuny. PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any signed Health a T YES 2V NO Shows 1 YES 2 NO C. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: has b Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem certificate h EXAMINER? HOSPITAL 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Alasidence 6 Other (Specify) 10 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked, 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED this c 1 Natural 5 Pending 1 YES 2 NO BY After 1 death 2 Accident DIRECTOR: At hours after de item 28 is r 28s. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, 3 Suicide COMPLETED 6 Could not be 4 Nomicide FUNERAL DIRECT Within 72 hours a STANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) HOSPITAL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINE. On the basis of examinstion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE D 22652 29d. DATE SIGNED (Morth, Day, Year) BE Cul Mz 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE PRINT) BALTIMORE



MD

21239.

32 REGISTRAR'S SIGNATURE



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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Elizabeth Powell Hubbard FEB. 1996 3:00 P. 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
DEC. 7,1907 IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 W 84004 YRS 220-01-5376 88 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Brightwood Pages 1, 2, 3 Brooklandville Baltimore County 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A permit. Baltimore City 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? by the funeral director, page 5 should be detached for use as the burial-transit removal. 3900 N. Charles Street 21218 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY Specify: 3 X Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at unknown unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Thomas Washburn, Esq. 120 E. Baltimore Street, Baltimore, Maryland 21202 pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Burlel 2 Cremetion 3 🗆 Removal from State must Druid Ridge Cemetery 4 Donation 5 Other (Specify) Pikesville, Maryland 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE That 6500 York Road, Baltimore, Maryland 21212 medical PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximsta Intaryal Between 6 Spiratory arrest Of AS A CONSEQUENCE OF: LAN accident MMEDIATE CAUSE (Final Onsat and Dasth npletely filler cremation, the the disease or condition bomen resulting in death) event, and com mod other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) 2 If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury DUE TO (OR AS A CONSPOUENCE OF) the attending p Mental Hygien that initiated events reaulting in death) LAST 0 23 shows any Injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS and an AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State **EXAMINER?** HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 X NO 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked. t 🔀 Natural 5 Pending 1 YES 2 NO BY After 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined after COMPLETED DIRECTOR: 4 Homicide "C FUNERAL DIN.

"Origin 72 hours.

"T: It Item 28 29a, CERTIFIER 1 XX CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and memor as stated, TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11 2 MEDICAL EXAMINER: On the bacia of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. BIGHATURE AND TITLE OF CENTRIER 294 DATE SHINED (Morth, Day, Year) BE 334ac NAME AND ADDRESS OF JERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/pm, Print) 2 Iglehart W. M.D. 500 W. University Parkway Suite 1-G.

REGISTRAR'S LIGHTUBE

1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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THE TECONO I TO SELECTION OF THE SELECTI	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti
	OR O
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		1. DECEDENT'S NAME (First Martha	, Middle, Lest)	Н	alte	r						ATE OF DEATH	199	6YEAR	3. TIME OF DEATH 12:00A
Đ	DIRECTOR	4. SOCIAL SECURITY NUMBER 021-24-624		5. SEX	6. AGE (In	yrs. lest birthde	MONT	HS DAY		INDER 24 HRS.	7. p.	ATE OF BIRTH	907		YOYK
2, 3 should		98. FACILITY NAME (If not Institution, give street and number) Hebrew Home of Greater Wash.  9b. CITY, TOWN OR LOCATION OF C									DEATN			tgom	
t. Pages 1,		RESIDENCE OF DEC 100. STATE Maryland	10b. COUNTY MOT	У		оту, тоу Roc								10d. INSIDE CITY LIMITS? T YES 2 NO	
burial-transit permit.	FUNERAL	100. STREET AND NUMBER 6121 Monti	ose I	Road					101. ZIP (	00DE 352					IAT COUNTRY?
the che	B⊀	11. MARRITAL STATUS  1 Never Married 2   3 Widowed 4 Divo	NT EVER IN U	2 1 NO		If yes	DECENDER, specify (	Cuben, Mexic	an, Pua	RIGIN? (Specify Yes into Rican, etc.)	or No	Black,	American Indian, White, atc. White		
for use as	LETED	(Specify only Elementary/Secondary (0	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5	-1	life. Do NO	of work do use retire	one during ed.)	most of w	vorking		16b. KIND OF BUS			
be detached at once.	COMPLETE	12				Offic	e C	Ter	_			Balfor	Sumame)	ompa	ny
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be noti	2	Millie Ber				1040	I G.	ros	vend	or Pi	ac	e,#804	Ma	ryla	nd 20852
director, p		20a, METNOD OF DISPOSITION   2   Cremetton 3   Removal from State   2   Cremetton 5   Other (Specify)												i, M	
d in by the funeral dir or removal. medical examiner		21. SIGNATURE OF FUNERAL	HALL	închi.	>	0				ears. Churc		Funeral Va. 2	l Но 2204		
pietely filled in by the funeral director, page 5 should be detached for cremation, or removal.  vent, the medical examiner must be notified at once.		IMMEDIATE CAUSE (Fir	aart tallure. I	Liat only ona cau	uaa on aac	ch iina.									Approximate Interval Between Onsat and Dasth
ompletery and complete of comp		disease or condition resulting in death)  a. MULTI - INFARCT DEMENTIA 10 YGA  DUE TO (OR AS A CONSEQUENCE OF):													10 YGAR
cian and co or to buria	ATION	Sequentially list conditions, if any, leading to immediate once of the INDERLY AND SCLEROSIS  DUE TO (OR AS A CONSEQUENCE OF):													
oeen sjohed by the attending physician and completely filled in by the it. of Health and Mental Hygiene prior to burial, cremation, or removal shows any Injury, or other traumatic event, the medical is	CERTIFICATION	csuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daath) LAST  d.													
been signed by the att of Health and Menta shows any Injury,	EDICAL C	ESSENTIAL HYPERTENSION PERFORMEDO												VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Dept. of H	Σ	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF	DEATH	YES [	] NO	Ø ∪	 NCERTAI	N 🗆			1	YES 2 NO
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 TYSS 2 NO	MEDICAL	HOSPITAL:		Int 3 DOA	Q/F	IER:		Residence	A T C	Other (Specify)			
DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item	ву рну		Pending investigation	28a. DATE OF (Month, D	MJURY	28b. 1	IME OF	28c.	INJURY A		1	DESCRIBE HOW IN	YJURY OC	CURED	
DIRECTOR: After lours after death			Could not be defermined	28e. PLACE C building,	oF INJURY — atc. (Specify	- Af home, fam	n, street,	factory, o	ffice		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	COMPLETED	29e. CERTIFIER (Check only one)  29 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the firm, date and place, and due to the cause(a) and manner as stated.													
IMPORTANT: IS	TO BE	29b. SIGNATURE AND TITLE	ou	el a	Hen	dral	hysi	Gan	29c.	LICENSE NU	MBER	74	29d. DAT	E SIGNED (A	Anth. Day, Year) AY 29 1996
		30. NAME AND ADDRESS OF	ATC	EC MED	SE OF DEAT			TRE	55	RO,	Re	sckull	.15	MD	20852
1		31. DATE FILED (Month Day)	6 1996	32. DEGISTRA	R'S SIGNAT								7		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

**MARYLAND 21215-0020** 

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notified at be must examiner medicai filled in by the cremation, completely traumatic event, burial. and prior to the attending physician I Mental Hygiene prior to The law requires that the death certificate be other 10 injury, n signed by ti any Shows has been s Dept. of H 23 item 景

96 02807 ITEMS: 17. & 18. PER F.H. FILM G-732 2/13/96 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEB JAMES EDWARD HARMISON 19:51 PM 996 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗌 F 190-12-0481 Pennsylvania Jul 2, 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Saint Agnes Hospital Baltimore City N/A DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore (Lansdowne) 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3120 Aspen Court, 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES NAVY WW 2 & Korea 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X X Married 1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced Navy White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPLI 12 E.H. Phillips, Co. Retired Electrician 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **GEORGE** Harmison MARY SWELLS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. (Mildred) Edna Harmison 3120 Aspen Court, Baltimore, Maryland 21227 20m. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Steta 20s. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Ramoval from State

4 Denation 6 Other (Specify) Maryland Veteran's Cem. 2/8/96 Crownsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 23. PART \ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition VENTRICULAR FIBRILL ATION HOUR resulting in death) DUE TO (OR AS A CONSEQUENCE OF) MYOCARDIAL INFARCTION 2 Hours Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 3YEARS DISEASE CORONARY ARTERY DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO OBSTRUCTIVE PULMONARY COMPLETION DF CAUSE DISEASE 1 - YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Z PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) HOSPITAL 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

PO 95 19

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

FRANCIS ANSAH, MD. ST. AGNES HOSPITAL, 900 CATON AVENUE. BALT, MD 21229

31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE FEB 0 6 1996

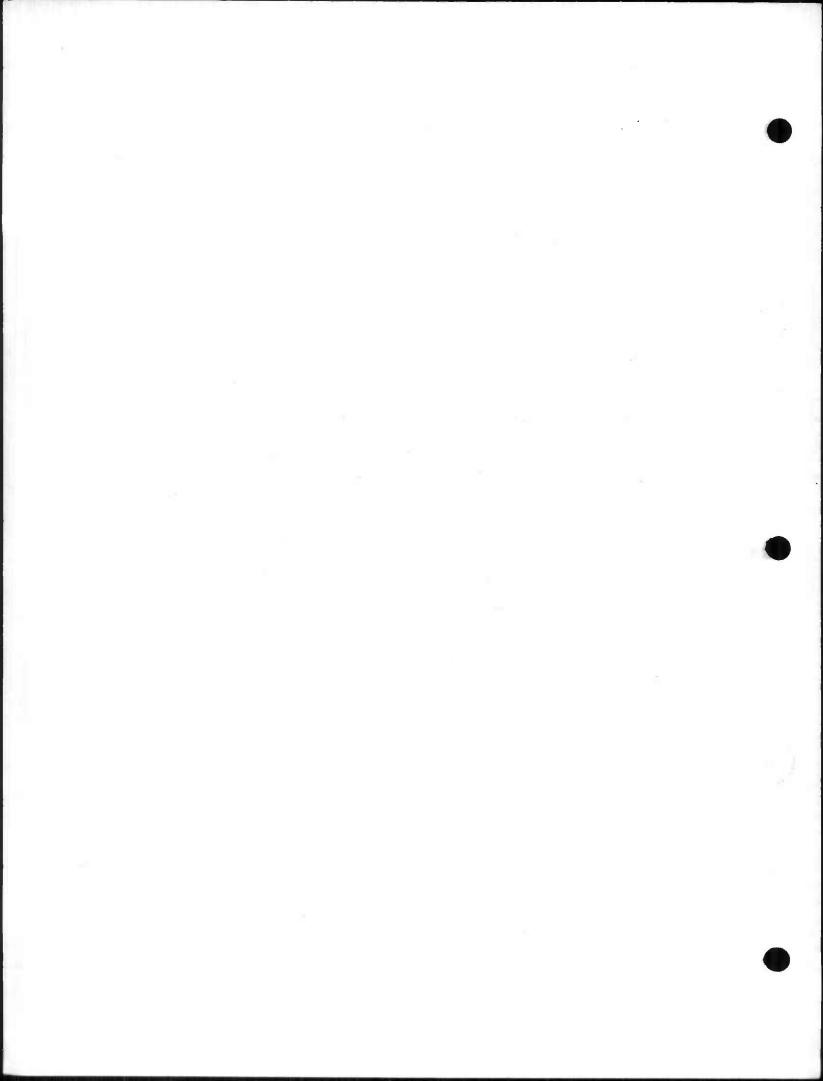
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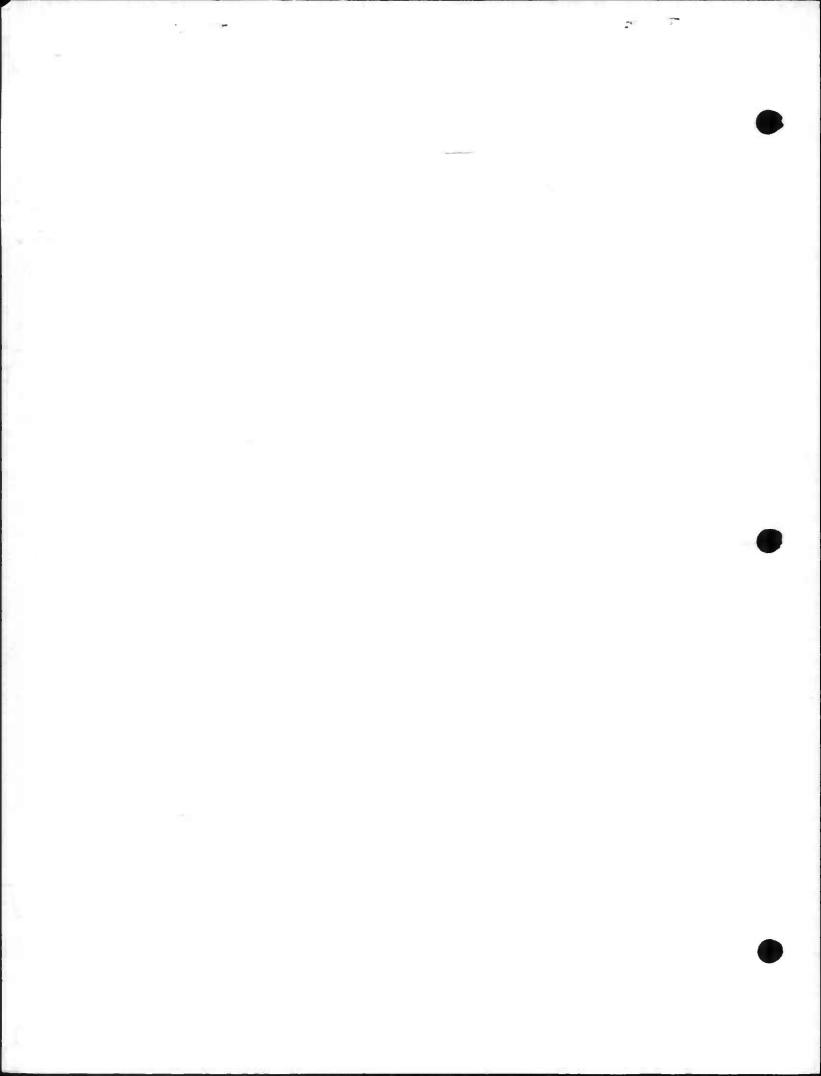
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND		E												
	1. DECEDENT'S NAME (First, Middle, Last)		-NIII IOAII	E OF BEATH	REG. NO.		3. TIME OF DEATH											
3	MARTHA	HARRIS			MONTH DA		-7											
1	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. las		R 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTN		NPLACE (State or Foreign											
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m	90. FACILITY NAME (If not institution, give street OLD COURT NURS	and number) CENTER	96. CITY	r, TOWN OR LOCATION OF DI	DEATH													
DIRECTOR	94. FACILITY NAME (IT not institution, give street OLD COURT NURS SU12 OLD COURT RD). RESIDENCE OF DECEDENT	MD 21133'		altimore		13914	imore											
E	10e. STATE 10b. COUNTY	11/1	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY											
	1119	NIH	Bai	Himore			1 X YES 2 NO											
FUNERAL	100. STREET AND NUMBER	01.00		10f. ZIP CODE	7	WHAT COUNTRY?												
N	11. MARITAL STATUS 12	Place		ald!		U:	DH.											
	1 Never Merried 2 Merried	P. WAS DECEDENT EVER IN U.S. AP FORCES? 1 YES 2 4	10	WAS DECENDENT OF NISPAI If yes, specify Cubert, Mexico	in, Puerto Rican, atc.)	or No — 14. RAG Bla	CE — American Indian, ck, White, etc.											
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specific	OFFO Simples													
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MP	17 FATHED'S NAME (Size Alidella Last)	D H	omem		IUWn	Hor	ne											
	19. MOTNER'S NAME (First, Middle, Leet)  Garnett Lealer  19. MOTNER'S NAME (First, Middle, Meiden Surname)  Lelia Waller  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS TSLEET ENGly OF BUYER, State, Zip Code)  Mr David Scott 3009 for ney Lane Baltimore, md2/207																	
BE	19e. INFORMANT'S NAME (Type/Print)	. 19	b. MAILING ADDRES	5 Street and Number or Rural	Route Number, City or Town	n, Stéte, Zip Code)	1											
5	Mr David Sc	oft :	3009	ordney	Lane Bo	iltimon	e, md2/207											
	2(e. METNOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Removal  4 Donation 5 Other (Specify)	20b. PLACE	matory for other place)	SITION (Name of	DATE 200.10	CATION - CITY OF	lown, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENS			NAME AND ADDRESS OF EA	CHITY													
	Joseph L. Russ Funeral Home 3222 w. north ave Baltimore mo																	
	23. PART I. Enter the diseases, or com-	plications that caused the de	ath. Do not enter	r the mode of dying, suc	h as cardlec or reapl	ratory arreat,	Approximate interval Between											
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition position in death)																	
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Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CONSEC	DUENCE OF):															
CERTIFICATION	resulting in death) LAST																	
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MEDICAL					PERFOR		AWAILABLE PRIOR TO COMPLETION DF CAUSE											
ME	Tube Geeder 1 yes 2 900 COM																	
		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO																
ž	DID TOBACCO USE CO	NTRIBUTE TO CAU	SE OF DEA	TH YES NO	PH	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)												
CIAN: 1	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (Ch														
YSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	OSPITAL:	OTHE	26. PLACE OF DEATN (Ch R: Sing Home 5 - Residence	eck only one)  6  Other (Specify)													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHE	26. PLACE OF DEATN (Ch R: Sing Home 5  Residence 28c. INJURY AT WORK?	eck only one)	NJURY OCCURED												
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 11  27. MANNER OF DEATH  1 Netofil 5 Pending Investigation	OSPITAL:   Inpetient 2   ER/Outpetient 3   28e. DATE OF INJURY (Month, Day, Year)	OTHE ODA 4 LMM 28b. TIME OF INJURY M	26. PLACE OF DEATN (Ch R: Injury 5  Residence 28c. INJURY AT WORK? 1 YES 2 NO	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II		Booth Number											
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 11  27. MANNER OF DEATH  1 NAMED 5 Pending	OSPITAL:   Inpetient 2   ER/Outpetient 3   28e. DATE OF INJURY	OTHE ODA 4 LMM 28b. TIME OF INJURY M	26. PLACE OF DEATN (Ch R: Injury 5  Residence 28c. INJURY AT WORK? 1 YES 2 NO	eck only one)  6  Other (Specify)		Route Number,											
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Netdfal 5 Pending Investigation  3 Suicide 6 Could not be determined	OSPITAL:   Inpetient 2   ER/Outpetient 3   28e. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY — At hobuilding, stc. (Specify)	DOA 4 Liber  28b. TIME OF INJURY M  me, ferm, street, fec	28. PLACE OF DEATN (Ch R: Infing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Town, State)	und Number or Rural	Route Number,											
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Netdfal 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	OSPITAL:   Inpetient 2   ER/Outpetient 3   28e. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY — At ho	DOA 4 Line 26b. TIME OF INJURY M me, ferm, street, fec	28. PLACE OF DEATN (Ch. R:  Sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Rown, State)  to the cause(e) end men	nd Number or Rural												
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Netdfal 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	OSPITAL: Inpetient 2 ER/Outpetient 3  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At hobuilding, stc. (Specify)  N: To the best of my knowledge, de	DOA 4 Line 26b. TIME OF INJURY M me, ferm, street, fec	28. PLACE OF DEATN (Ch. R:  Sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Town, State)  to the cause(e) end mer time, date and place, en	and Number or Rural mer ee stated. d due to the cause												
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	OSPITAL: Inpetient 2 ER/Outpetient 3  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At hobuilding, stc. (Specify)  N: To the best of my knowledge, de	DOA 4 Line 26b. TIME OF INJURY M me, ferm, street, fec	28. PLACE OF DEATN (Ch. R:	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Town, State)  to the cause(e) end mer time, date and place, en	and Number or Rural mer ee stated. d due to the cause	(e) and manner se stated.											
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	OSPITAL: Inpetient 2 ER/Outpetient 3  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At hobuilding, etc. (Specify)  N: To the best of my knowledge, de on the beste of examination end/or	DOA 4 Liber  28b. TIME OF INJURY M  me, ferm, street, fec	26. PLACE OF DEATN (Ch. R: 28c. INJURY AT WORK? 1 YES 2 NO tory, office time, date end place, end due opinion, death occurred at the	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  26i. LOCATION (Street a City or Town, State)  to the cause(e) end men time, date and place, en	iner ee stated. d due to the cause	(e) and manner se stated.											
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Nerdfal 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: C	OSPITAL: Inpetient 2 ER/Outpetient 3  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — At hobuilding, etc. (Specify)  N: To the best of my knowledge, de on the beste of examination end/or	DOA 4 Liber  28b. TIME OF INJURY M  me, ferm, street, fec	26. PLACE OF DEATN (Ch. R: 28c. INJURY AT WORK? 1 YES 2 NO tory, office time, date end place, end due opinion, death occurred at the	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  281. LOCATION (Street a City or Town, State)  to the cause(e) and mar time, date and place, an	iner ee stated. d due to the cause	(e) and manner se stated.											

32. REGISTRAR'S SIGNATURE
Julia Dawalson Rawlall

2 1996



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		Reg. No.						
	Physici	an	Decedent's Name (First, Middla, Last)					2. Date of De Month	ath Day	Year	3. Tima of Death				
	/Medi			Herman J	oeckel			Feb 4,	1996		10:35pm				
文	Examir	er	4a. Facility Name (If not institution, giva street an	d number)			4b. City, Town, o	r Location of Deati	4c. County	of Death					
			1418 Dellwood Avenue	2			Baltim								
	Funeral		5. Social Security Number 6. Sex 1⊠ M 2□	7. Age (In yrs. i		If Undar 1 Yaar Months Days	If Undar 24 Hr Houra Mir	n. (Month, De	ly, Year)	9. Birthp	lace (Stata or Foreign				
ь	Director		212-03-5750	90	Yrs.			Nov 26	1905	Mar	yland				
	D .		Usual Residence of Decedant  10a. State 10b. County 10c. City, Town or Location 1												
	short a	-	100.5100.5	- 1	0d. Inside City Limits  1.☐ Yes 2 ☐ No										
	No M	Directo	Maryland N/A	Ba	ltimor	1					X				
	Vith to	Dir	10e. Street and Number			10f. Zlp Code			10g. Citizen of 1		ntry?				
	ath v	Funeral	1418 Dellwood Aver				21211		U.S.A						
	Br de	nu	Arme	Decedant Evar in U, of Forces?	S. 13. V	res, specify Cub	an, Mexican, Pue	(Specify Yas or No erto Rican, etc.)	Blac	ck, White,	en Indian, etc.				
20	filed within 72 hours after death with the Maryland thypiene. Ther than "natural", or thems 23s or 25s-f show ent, the Medical Examiner must be indiffed at	by F	1 ☐ Never Married 2 ☐ Married 1 ☐ N If Ye 3 ☐ Widowed 4 ☐ Divorcad Year	/es 2□ No s, Give or Dates: WWII	1	1 □ Yes 2 □ No	Specify:		Specif	Whi:					
21215-0020	tural	Pa	15. Decedent's Education	OI Dates. WWII		dent's Usual Occup			16b. Kind of B			_			
5	in 72	Completed	(Specify only highest grada comple		(Give	kind of work done	during most of w	rorking	100.74.110.07.0		out, y				
212	al Hygiene. I other then " vent, the Me	E O	Elementary/Secondary (0-12) Colle	ge (1-4or 5+)	Chauf	fer			Hampde	n Riii	g Co.				
D	H H H	C	17. Father's Name (First, Middle, Last)				18. Mother's N	ame (First, Middle	-			-			
Maryland	should be and Mental I marked or umatic ave	To Be	Charles Karl Joeckel				Annie Oppelt								
37	2 should be end Mental Is marked of sumatic av	-	19a. Informant's Name/Reletionship (Type, Print	)	19b. Meilin	ng Address (Street		Purel Route Numb	er, City or Town,	State, Zip	Code)	_			
	od 2 27 Is		Eris Joeckel/wife		1418	Dellwood	Ave, B	altimore, Maryland 21211							
Itimore, Maryland 21215-0020  It. Peges 1 and 2 should be filed within 72 hours after death with the Manylan riment of Health end Mental Hygiene.  rtant: If item 27 is marked other then "netural", or items 23s or 28s-f show hipry or other traumstic avent, the Medical Example must be notified at			20e. Method of Disposition			sition (Name of	2001	Dete	20c. Location	City or To	own, State				
			1X Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)  Cemetery, crematory or other place)  Garrison Forest VA Cemetery 2/7/96 Owings Mil												
alti	그들은		21. Signatura of Funeral Servica Licensee					. Funeral		,	,,				
ä	Depariment of the post of the		1 GOans de	-t ()						and	21211				
	_		23a. Part 1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate Interval Between												
v.	Obvolejen		shock, or heart failure. List only one ceusa	on each line.		,	31	,	,		Interval Between Onsat and Death				
•	Physician /Medical		Immediate Cause (Finel	- allia	J., 4	1000					M 0 =				
	Examiner		disaase or condition rasulting in death) a.	m P14188	mi	1000	D				710				
	THE PARTY	Je.		75CVD				N - V - O	as LV	1	5411				
	d d ansit	Examiner	0.		as a conseq	1	C/10 401	umiopi	11111		5 /100	-			
o,	icete be executed physician and s the buriel-transit	Exa	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying	200 10 (0)	40 4 0011004	1001100 017.									
68760,	ysicie bu	edical	Cause (Disease or Injury thet initiated events	Dua to (or	as a conseq	uenca of):				-					
68	ertificate be executed Jing physician and se as the buriel-transit	Ped	resulting In death) Last		,					i					
0	0 2 4	M/ue	d							+					
D.	0 0 2	Physician	Part II. Other significant conditions contributing	to death but not resu	ulting In the ur	nderlying cause gi	van in Part I.	23b. Did	tobacco uee co	ntributa t	the cause of death?				
o.	law requires that the es been signed by the 2 should be detache	h						108	Yee 2□ No	3 Pro	bably 4 Unknown	1			
_	oned as the	by F	NIA												
Records,	v require been signal								en eutopsy ormed?		ere autopsy findings allable prior to				
00	s be	piet						-		of	mplation of causa death?				
	0 - 0	Completed						10	Yas 2 No	1[	☐ Yas 2☐ No				
	certificate rector, pag	BeC	25. Was case referred to medical				26. Place of D	eath (Check only	one)			-			
>	Attending Physicien: ar deeth. ector: After this certific by the funeral director,	To E	examinar? 1 ☐ Yas 2 ☑ No Hospital:	1 ☐ Inpatient 2 🗙	ER/Outpatien	nt 3 DOA Ot	hor:	Home 5 ☐ Resi		ner (Specia	(v)				
0	g Ph er thi			Date of Injury (Month, Day Year)	28b. Time of injury	28c. Inju Wo	ry at	28d. Describe	how Injury occur	red		_			
Ö	nding l eth. r: After le fune	atio	1 Natural 5 Pending 2 Accident investigation	monni, Day Tear)	mjury		Yes 2□No								
N S	aftar deet Director: J in by the	iffic	3 ☐ Suicide 6 ☐ Could not be determined 28e.	Place of Injury - At ho	me, ferm, str	eet, fectory, office		28f. Location ( City or To		ber or Run	al Route Number,				
	s after	Certification:	1	unding, etc. (Specif)	"			Ony or 10	W., O.0.0)						
	Hospital or Attending Ph 24 hours aftar deeth. Funeral Director: After th tely filled in by the funeral		29e. Certifier 12 Certifying Phyalcian: To Check only 2 Madical Examiner: On the Control of the	the best of my know	wledge, deeth	occurred et the ti	me, dete end ple	ce, end due to the	ceuse(s) end m	enner as s	tated.				
	- Warrant	edical	one) and	manner stated	TOTAL STOUCH IN			च्या स्व स्थापन समान,							
	To the	×													
	1,		Vinant It	That	om	> DZ	8812		2/6/	196					
1	1		30. Name and address of person who empleted												
01			Vincent A. D. Vietre	0 780140	nKR	d Tows	en, Md	21204							
	Sta		24 Date filed (Manth Day Vend)	on Destate to Otales	ture										
	Registr	ar	I LD U D 1996 fills d'au	Ser Rulel											

Box 68760. certificate be P.O. | Records. Division of Vital funeral To the Hospital or Attending Phi within 24 hours after death.

To the Funerel Director: After this completely filled in by the funeral

Certification: To 1 Neturel 2 Accident

3 Suicide

29e. Cartifier (Check only

4 \( \text{Homicide}

5 Pending investigation

6 Could not be determined

28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Yes 2 No

281. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, deeth occurred et the tima, dete and plece, and due to the ceuse(s) and mannar as steted.

Under the ceuse(s) and mannar as steted.

The description of the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end mannar stated.

29b. Signature a

My

29c. License number

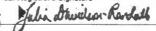
29d. Date signed (Month, Day, Year)

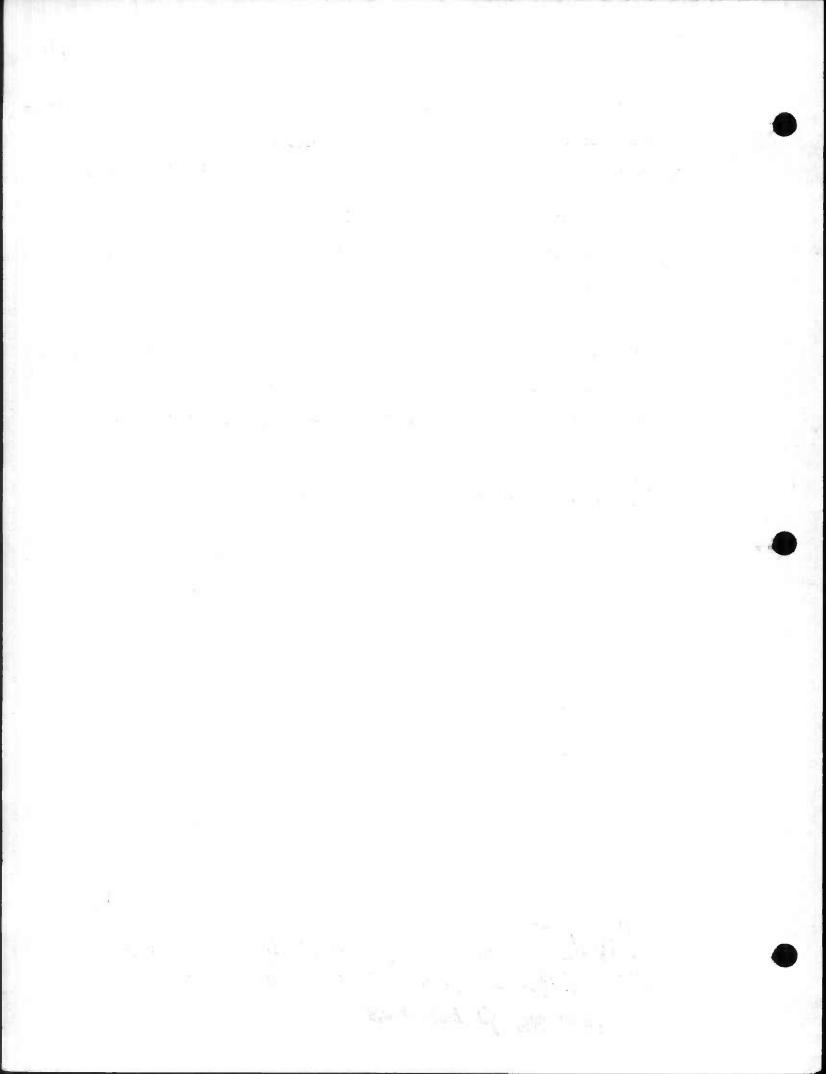
npleted cause of deeth (Item 23e) (Type Print) Temun 1777 Keesters town

32. Registrer's Signeture

Registrar

State





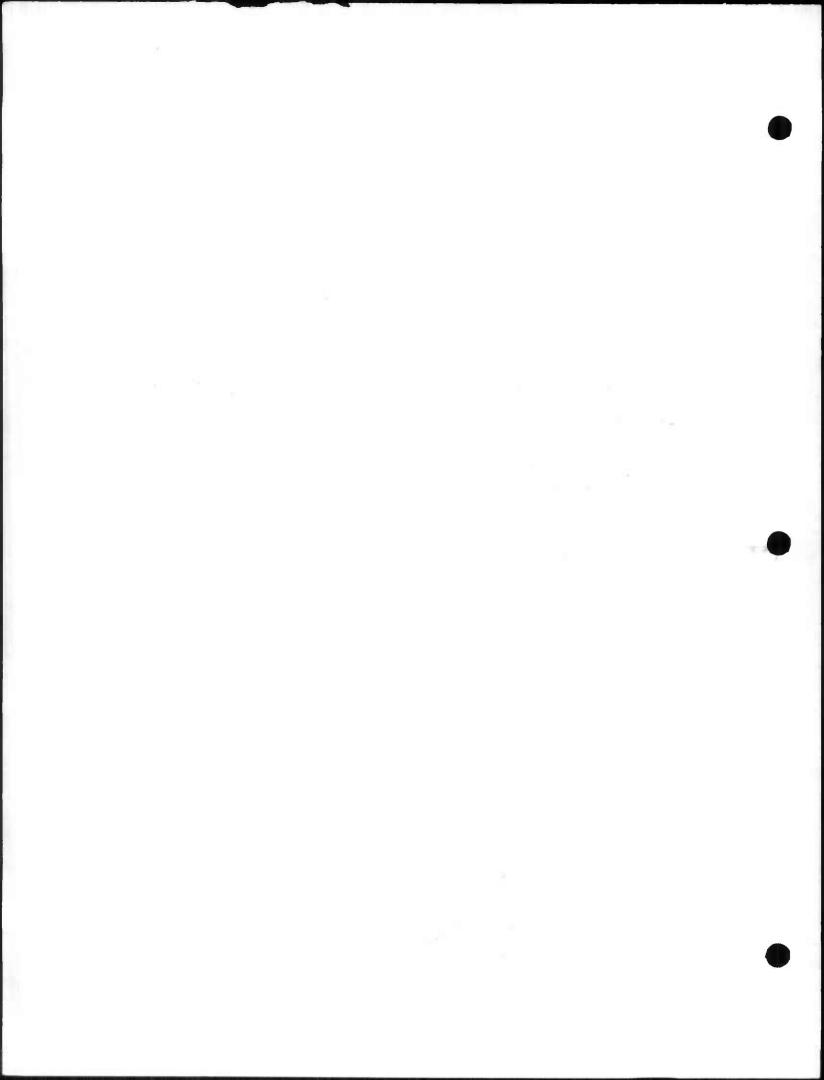
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNE ACCUSATION THE PART OF THE PART AND THE PART AND THE PART OF THE PART
--

	- SINIE	STATE OF MARYLA										
	1. DECEDENT'S NAME (First, Middle, Lest)  John Jay Jackson		CERTIFIC	CALE OF	DEATH	2. DATE OF DEATH MONTH FEB.		year 1:30 P.				
	4. SOCIAL SECURITY NUMBER 5 003-09-5856 1	M 2 □ F 76	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURB MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 25, 19	19	BIRTHPLACE (State or Foreign Country) Maryland				
TOR	90. FACILITY NAME (# not institution, give stree 6511 Montrose Ave			Baltimo	cimore County							
DIRECTOR		ore County		timore				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	6511 Montrose Aven				1. ZIP CODE 21212		U.S.A.					
à	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN L FORCES? 1 X YES IF YES, GIVE WAR OR DAT Vorld War II	I.S. ARMED 2 NO ES	If yes, so		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No-	14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.  Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	60. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during me retired.)		16b. KIND OF BU		STRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)  Charles Shattuck		HACCULIV			ME (First, Middle, Meidel  Carroll	Surname)	ler				
0	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code)  Mrs. Jay J. Clifford  909 Rolandvue Avenue, Towson, Maryland 21204  20c. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION DATE  20c. LOCATION — City or Town, State											
	20b. PLACE AND DATE of Disposition   Memo of   DATE   20b. Location = City or Yown, State   4   Donation   5   Other (Specify)   Druid Ridge Cemetery   2/8   Pikesville, Man   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   Mitchell—Wiedefeld Home, Inc.											
	6500 York Road, Baltimore, Maryland 21212  3. PART. Enter the diseases, or completions that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onest and Death disease or condition  TIMMEDIATE CAUSE (Finel disease or condition)  a. Metastate Calan Caranae 2 years											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):											
. II	PART II. Other significent conditions	contributing to death bu	t not resulting in	the underlying	ng ceuse given in	Part i. 24a. WAS A PERFC	PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICA	DID TOBACCO USE CONTRI		DEATH YES			N 🗆		1 TYES 2 NO				
7010	1 - YES 2 X NO	HOSPITAL:	lant 3 DOA		2.2	6 Other (Specify)						
0	27. MANNER OF DEATH  1 Notural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY – building, etc. (Specifi	- At home, farm, st	M 1	Y WORK? M 1							
BE COMPLETED					dete and piece, end due to the cause(s) end menner ee stated.  on, death occured at the fime, date end piece, end due to the cause(e) and manner  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day,  D-20396							

Davis M. Hahn, M.D. 5601 Loch Raven Blvd. Suite 107, Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21239



0	DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
E E	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ceruhcate be executed within a	PHYSICIAN: The law requires that the death certhicate be executed within 24 hours are death. Page b may be retained by the hospital or attending physician.
F	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	iis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed v	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	on, or removal.
IMPORT	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ne medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

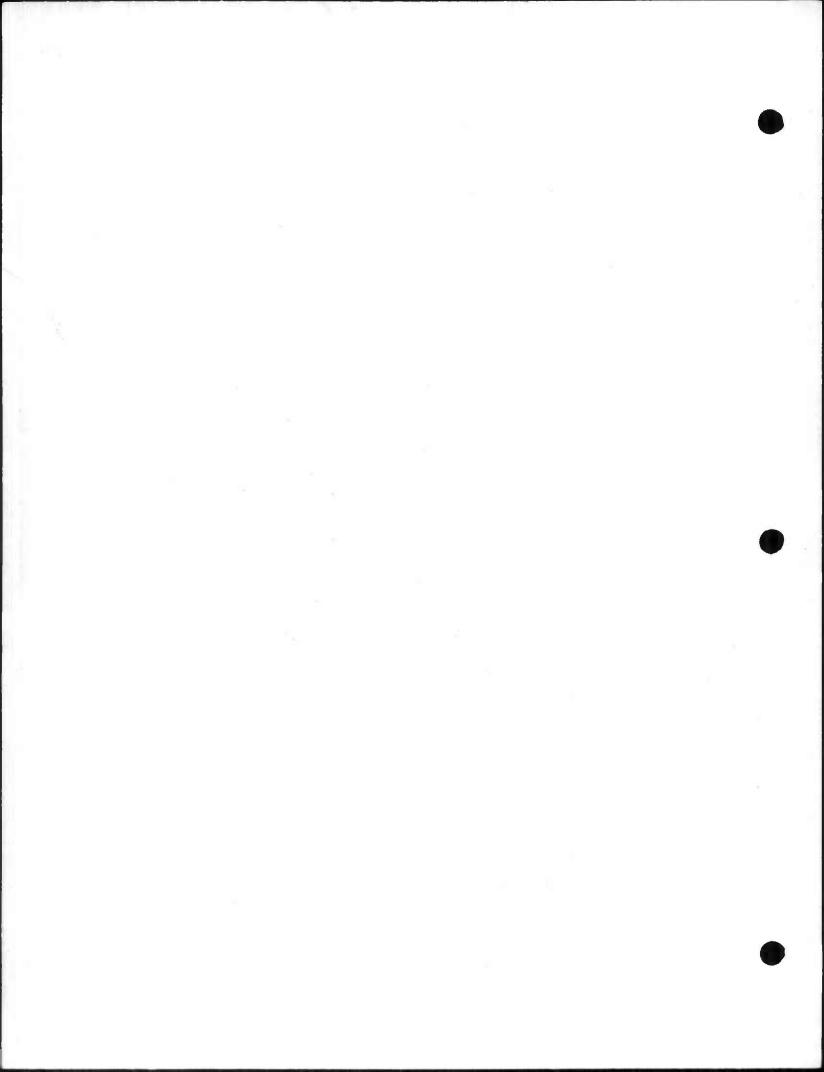
	* REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.					
		JO RUB	y KAI	PLAN	1	2. DATE OF DEATH	DAY	THAN 8 ST PM				
	4. SOCIAL SECURITY NUMBER 212-20-4824	5. SEX 1 M 2 D F	73 YRS.	F UNDER 1 YEAR	Manager Contract Supplication of the Contract Co	JAN. 22	1923	N. BURTHPLACE (State or Foreign COUNTY) VIRGINIA				
	Se. FACILITY NAME (If not institution, give	street and number)		9h, CITY, TOW	W OR LOCATION OF DE	EATH	9c. COUNT	TY OF DEATH				
DIRECTOR	NORTHWEST HOSPITA	L CENTER			RANDALLST	OWN	BALTIMORE					
Ĭ I	10s. STATE 10s. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
100	MARYLAND BALT	TIMORE		BALTI	MORE		1 🗆 YES 2💢 NO					
ξl	10s. STREET AND NUMBER				101. ZIP CODE		16g. CITIZI	EN OF WHAT COUNTRY?				
FUNERAL	6606-A SANZO ROAL	)			21209	)		USA				
2	11. MAJUTAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 3	ER IN U.S. ARMED		DECENDENT OF HISPAI , specify Cuben, Mexico			14. RACE American Indian, Slack, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES WWII		YES 2 X NO Specif			Specify: WHITE				
	15. DECEDENT'S EDI (Specify only highest gred		16a. DECEDENT'S		ATION most of working	16b. KIND OF	BUSINESS/INDU	STRY				
	Elementary/Secondary (0-12)	College (1-6 or 5 +)	Ms. On NOT at	in milmd.)	, man so, maning							
COMPL	12		SALES	MAN			CAND	Y & TOBACCO				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (Pirat, Allokola, Mai	den Surname)					
BE	ISR/	EL	KAPLAN			IELEN	- M.	DELEWITZ				
2	18s. INFORMANT'S NAME (Type/Print)		STATE OF THE STATE OF		eet and Number or Rural			W.C. at an in the second				
	MR. TRVIN KAPLAN (BROTHER) 6607 WICKFIELD RD. BALTIMORE, MD 21209  208. METHOD OF DISPOSITION DATE OF DISPOSITION (Name of DATE 200. LOCATION — City or Yours, Statis											
- 1	1 XBurial 2 Cremation 3 Ren 4 Donattign > Other (Specify)	novel troot Spate	BNAI IS	DAFT _	COVERNO OT	4.2.75		MORE, MD				
	21. SIGNOOURY OF FURERAL SEPTICE	Coses	DIVIT 10		E AND ADDRESS OF FR		DAULL	PORE/ PID				
	MININGERS	user			LEVINSON							
	23. PART I. Enter the diseases, or	complications that ca	used the death. Do r	not enter tha	mode of dying, suc	HOWN ROA	BALTI apiratory arra					
	ehock, or heert fellure. iMMEDIATE CAUSE (Fine)							Interval Between Onset and Death				
ï	disease or condition resulting in death)	ARTERIO	SCLEROT	10 CA	hr DIOVA	SCULAR	DISE	ASE				
	DUE TO (OR AS A CONSEQUENCE OF):											
2	Sequentially list conditions,  DUE TO (OR AS A CONSPOLIENCE OF)											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE O	E OFI:								
	reaulting in death) LAST											
		0										
SAL	PART II. Other aignificant condition	RENAL	th but not reculting	in the under	ying ceuse given in	Part i. 24s. WAI	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	DIAPPATE	MESTILL	145			1 🗆 YE	S 2 NO	OF DEATH?				
Σ								t TYES 2 NO				
PHYSICIAN:	DID TOBACCO USE CON	RIBUTE TO CAUS				NXI						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	OTHER:	one)							
¥ l	1 TYES 2 NO 27. MANNER OF DEATN	2es. DATE OF INJI	/Outpetient 3 DOA URY 28b. TIM		Home 5 - Residence							
	1 Natural 5 Pending	(Month, Day, Y		JURY	WORK?	28d. DESCRIBE H	W INJURY OCCI	JHED				
B	2 Accident Investigation 3 Suicids & Could not be	28e. PLACE OF IN	JURY — At home, ferm,			28f. LOCATION (St	met and Number of	or Rural Route Number,				
LED	4 Nomicide 6 Could not be determined	building, atc.	(Specify)			City or Town, S		a route route,				
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, death occurr	ed at the time,	dats and place, and du	a to the cause(s) and	menner sa atate	d.				
M O								cause(a) and manner as stated.				
Ŭ W	296. SIGNATURE AND TITLE OF CERTIFIE	ER /	7		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)				
0 8	dans	nat	Los			263	<b>▶</b> J	4N 30, 1996				
-	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	NORT	HWEST C	HOSPITA	AL CE	NTEK 33				
	ST. DATE FILED (Month, Day 151)	Lie Bearing	GRIGINE RE									
1	LED O DIOCE							1				

DNMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

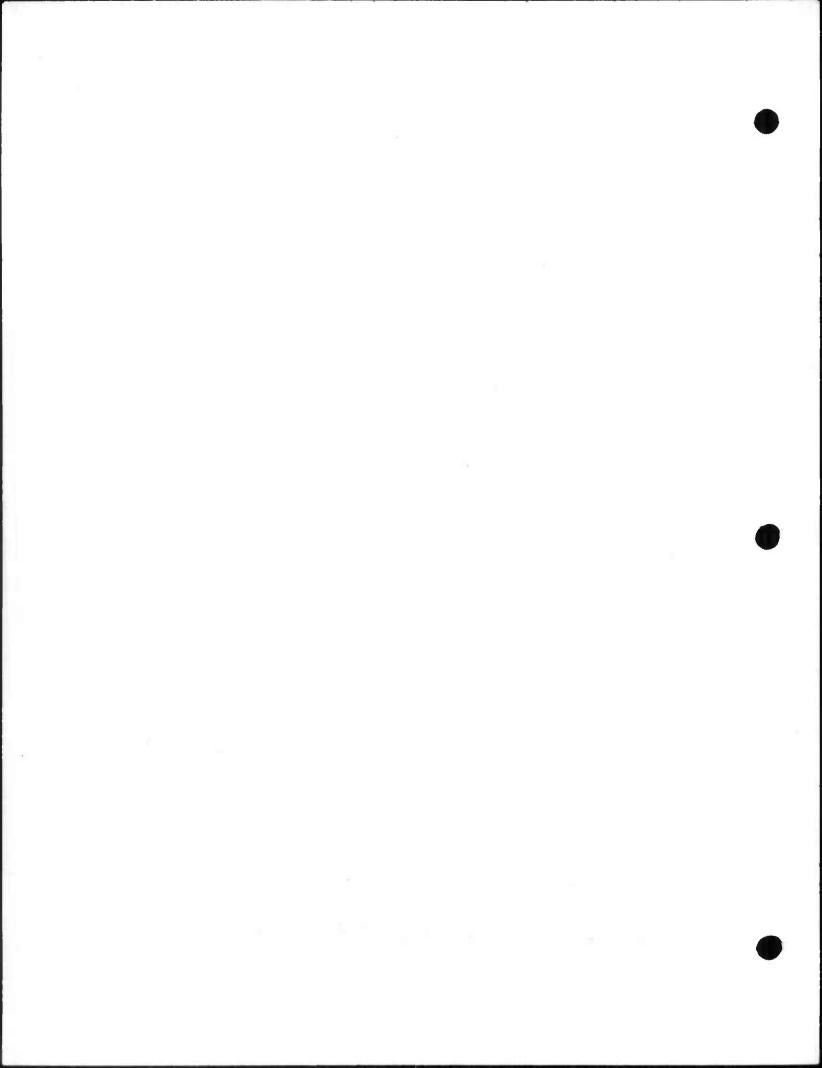
							9	6	2813			
-	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)  BC TTY	KOBER				2. DATE OF DEATH FEBRUARY		MEAR	TIME OF DEATH  3:25am M			
	4. SOCIAL SECURITY NUMBER 5. SI		last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 16,1	007		ACE (State or Foreign			
	90. FACILITY NAME (If not institution, give street or	00	THS.	9b. CITY, TOWN C	OR LOCATION OF DI		NEW Y					
DIRECTOR	WASHINGTON ADVENTIST	1 HOSPITAL			AKOMA PA		MONTGOMERY					
		MONTGOMERY	10c. CIT	Y, TOWN OR LOCAT	OCKVILLE		100					
FUNERAL	1801 E. JEFFERSON ST			106	. ZIP CODE 20860		T COUNTRY?					
BY	1 Never Married 2 Married F	WAS DECEDENT EVER IN U.S. / FORCES? 1 THE YES 2 X F YES, GIVE WAR OR DATES	ARMED NO	If yes, sp	ENDENT OF HISPAR ecify Cuban, Mexica 2 X NO Specifi	RC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	Black, W Specify:	American Indian, Title, atc.			
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade comple  Elementary/Secondary (0-12)  Coll	lege (1-4 or 5+)	(Give kind of v life. Do NOT us		ON st of working	16b. KIND OF BUS	CIND OF BUSINESS/INDUSTRY					
OMI	17. FATHER'S NAME (First, Middle, Last)		HOMEM	AKEK	16. MOTHER'S NA	ME (First, Middle, Malden	_	VN HOME				
BEC	HENRY	PO	MERAN!	rz	HAN			UNK	NOMN			
2	190. INFORMANT'S NAME (Type/Print)  HENRY A. KOBER (SON)  WILKINS FARM ROAD LITTLETON, NH. 03561											
1	20e. METHOD OF DISPOSITION  1 (\$\frac{1}{2}\$ Burfel 2   Cremetion 3 \$\frac{1}{2}\$ Removal from State  4   Donation 5   Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		PLEASI	22. NAME AN	ID AODRESS OF FA	CILITY		HAWTH	ORNE, N.Y.			
	I allensue.	Kevino	252	7		& BROS., I TOWN ROAD		[MODE	MD 21215			
	23. PART i. Enter the diseases, or complishock, or heart fellure. List o	ilications that caused the conty one cause on each li	death. Do n	ot antar the mo	de of dying, suc	h as cardiac or respi	ratory am	est,	Approximata interval Between			
	MANAGOLIST OLLIGE (T)	(0)	/	Onset and Death								
	resulting in death) - a	DUE TO (OR AS A CONS	EQUENCE OF	E1561	MA	HIPOIE	NSI					
N	Sequentially list conditions.  PULMONARY EISEMA & HYPOTENSION  DUE TO (OR AS A CONSEQUENCE OF):  HEART FAILURE											
RTIFICATION	Sequentially not conditions,											
IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CER	resulting in death) LAST	MITRAL										
	PART II. Other significant conditions con	1	rasulting I	n the underlying	cause given in	Part I. 24a. WAS AN			RE AUTOPSY FINDINGS MLABLE PRIOR TO			
EDICAL	0	LURE				1 TYES 2		CO	MPLETION OF CAUSE DEATH?			
Σ	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF DE	ATH VE	s $\square$ NO $\square$	UNCERTAIN			t [	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PL		H (Check only one)	OIACEKIAII	<b>ч</b> Ш						
YSIG	1 UYES 2 DAG 10	SPITAL: Inpetient 2 - ER/Outpetient	3 🗆 DOA	OTHER: 4 - Nursing Home	5 - Residence	8 Other (Specify)						
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	URY WO		28d. DESCRIBE HOW II	NJURY OCC	URED				
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At I	nome, term, a			26f. LOCATION (Street a	and Number	or Rural Rout	Number,			
TE	4 Homicide determined	building, atc. (Specify)				City or Town, State)						
COMPLETED		To the best of my knowledge, of the basic of examination end/o							d menner se stated.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				onth, Day, Year)			
TO B	Hall hell	M.D.			185	51 D	13	FEBI	RUARY 96			
	30. NATE AND ADDRESS OF PERSON WHO COM SAMIR NEIN	PLETED CAUSE OF DEATH (IT	7610	Print) CARRO	DLL AV.	TAKOM	ATAK	K. M	1 209/2			
	FEB 0 6 1996	REGISTRAR SIGNATURE						,				



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_	Or Charles

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	Ο.				
		1. DECEDENT'S NAME (First, Middle, Last)	.1 . 7 . 1	77			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OEATH			
			thur Fred				Feb. 02		06 8:40 pm			
		4. SOCIAL SECURITY NUMBER		The state of the s	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
Pin		089-10-1663 9s. FACILITY NAME (If not institution, give str		8 YRS.			March 14,		ew York			
3 sho	œ					OR LOCATION OF DE	EATH	9c. COUNTY				
1, 2,	15	Stella Maris H	ospice		Tows	on		Balt	imore			
\$6	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?			
a a		Maryland Balt	imore			Towsor	1		1 TES 2 NO			
bed	3AL	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	413 Alabama Ro				2120			ISA			
physician. burlal-trar		1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Mesica	NIC ORIGIN? (Specify You, Puerto Rican, atc.)	es or No 14.	RACE — American Indian, Black, White, atc.			
g ag	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYE	S 2 X NO Specify	y:		Specify: White			
r attending	8	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BI	USINESS/INDUS	TRY			
al or	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)								
the hospital detached for once.	M		2	Product	ion Ma	anager	Adver	rtising				
2 g 5	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)				
od pa	HH	Fred Kron  190. INFORMANT'S NAME (Type/Print)	<u>enbitter</u>				et Marie					
5 should notified	유						Route Number, City or To					
Page Page		Irene Heiss Kr		PLACE AND DATE OF		a Road	Towson,	MD Z1				
ter death. Page 6 may be the funeral director, page yeal.	1 1	1 Burial 2 Normation 3 Remo	val from State	etery, crematory or other	a. mlnani				re, MD			
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICE		DA 11	22. NAME A	NO ADDRESS OF FA	CILITY					
death. Pag funeral di i. examiner		Dorm F MaDam	WICH. IICH	maye	Crema	tion Soci	ety of Ma	ryland,	Inc.			
8 5 E 3	$\vdash$	Dawn F. McDon  23. PART I. Enter the diseases, pr co		I the death. Do no	299 F	rederick	Road Bal	timore,	MD 21228			
d in or re		shock, or heart fellure. L	lat Dniy ona cause Dn a	ech iina.	t ontor the th	ode of dying, suc	in an Cardiac Or res	priatory arrest	interval Batween			
€ 6 ±		IMMEDIATE CAUSE (Finel disease or condition	MOT	ASTAT	10	CHARRE	60		Onset and Death			
ted withings completely fill ial, cremation, event, the	1 1	disease or condition a. METASTITIC CHNCER  BUE TO (OR AS A CONSEQUENCE OF):										
	z	6 b										
	CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
physician ne prior t	2	CAUSE (Disease or Injury	OHE TO YOU AS A	CONSEQUENCE OF):								
n certific anding ph Hygiene or othe	Ē	that initiated events resulting in death) LAST	DUE TO (ON AS A	CONSEQUENCE OF):								
- 5 5 -		d										
= -	EDICAL	PART II. Other algnificent conditions	contributing to deeth be	ut not reaulting in	the underlying	ng cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8 3 E 8	ö						1 YES	2 TYNO	COMPLETION OF CAUSE OF DEATH?			
	Σ	DID TODA GOO HOL OO WILL						**	1   YES 2   NO			
S Per S	A	DID TOBACCO USE CONTR					<b>ч</b> 🗆 📗					
E 8 8 E	PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:		v	Hognia				
SICIAN: The certificate the State	HYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	26b. TIME		ne 5 🗆 Residence	6 Other (Specify) 26d, DESCRIBE HOW	Hospic				
NG PHYS ter this eath with marked		1 Netural 5 Pending	(Month, Day, Year)	INJUI	SA. Mi	YES 2 NO	and Describe NOW	INJUNT OCCUR				
VOING After death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, str	eet, factory, offic	ca	261. LOCATION (Street	and Number or F	Bural Route Number,			
TTE	III	4 Homicide determined	building, atc. (Spec	ny)			City or Town, State	)				
DIRI DIRI	J.E	29a. CERTIFIER (Check only 1 ) CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and due	to the cause(s) and mu	noner ex steted				
RAL 72	COMPLET								ouse(s) and matther as stated.			
FIRE		296. SIGNATURE AND THE OF SERTIFIER	1711	17 1		29c. LICENSE NUN			ONED (Month, Day, Year)			
INPORTANT	) BE	11/	16 1	1.		n2	2215	1	b. 03, 1996			
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	) ,,,,,	WEST 1	7	4178111			
		SHIRLEY (17	ompson -	KICKA	RIDI	702	WSON,	mi	21204			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SON	B 1000	Whi Day	ichen Randal	4		/			
		67/03/16	FEB	1330			•					



KAPLAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1996

3. TIME OF DEATH

1:12

WHITE

MD 21215

interval Between

Onset and Death

one week

one weel

PM

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SAMUEL

February 2,
7. DATE OF BIRTH
(MONTH, Day, Year)
MAY 8, 1916 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 🗌 M 2 💢 F 220-07-3044 79 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore City DIRECTOR N/A RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY BALTIMORE BALTIMORE 1 YES 2X NO permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5 POMONA WEST, APT. 2 21208 USA the burial-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? (X) YES 2 IF YES, GIVE WAR OR DATES WWII 1 Never Married 2 Merried 3 Widowed 4 Divorced Specify: BY page 5 should be detached for use as COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8 STOCK BROKER SECURITIES 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at MORRIS KAPLAN HILDA UNKNOWN **BE** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 3505 ROUND HOLLOW RD, BALTIMORE, MD 21208 DEPORAH SCHOENEMANN (DAUGHTER) pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Suriel 2 Cremetion 3 Removal from State
4 Donetigh 5 Other (Specify) must funeral director, ARLINGTON (CHIZUK AMUNO) 2-4-1996 BALTIMORE, MD Donetigh /5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 23. PART I. Enter the diseases, or complications that caused the dea ahock, or heert fellure. List only one cause on each line. n by the fremoval. 6010 REISTERSTOWN ROAD BALTIMORE, medical that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, filled in by 0 IMMEDIATE CAUSE (Finel the сгетавоп, disease or condition . multisystem organ ysician and completely prior to burial, cremati event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SEPSIS Syndrame
Die to (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate physician HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury preumonia one month other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa the attending p reauiting in death) LAST 00 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS n signed by the Health and AVAILABLE PRIOR TO any 1- knoway Chronic abstrutas COMPLETION OF CAUSE Justan 1 TYES 2 NO OF DEATH? shows Coronacus 1 YES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has bee PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? certificate h the State HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) stient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 1 Natural 5 Pending м 1 YES 2 NO BY After 1 death Investigation 2 Accident hours after desitem 28 is n 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only (Ch FUNERAL ( within 72 h = 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: B 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE mo DEA B50620888 February 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 Jeff 3333 N Calvert St Dultimore mo Soan mo 32. REGISTRAR'S SIGNATURE

2, 1996

Assertation of all agests from

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTR	AR
Г	1. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First	K	LLINE					2. DATE OF DEATH MONTH DAY VEAR  GERVACY 2 1996 4:550							
		4. SOCIAL SECURITY NUM		5. SEX	_	'In yrs. last	birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7 DATE OF	EDIOTH	<u> </u>	a BURTUI	PLACE (State or Foreign
		578-01-638	39	1 🔀 M 2 🗆 F		90	YRS.	MONTHS	DAYS	HOURS	MIN.	July	Day, Year) 7 9 , 1	905	Country	" Md
should		9a. FACILITY NAME (If not in	natitution, give s	treet and number)		•		9b. CITY,	TOWN	OR LOCATE	ON OF DE			_	NTY OF DE	EATH
2, 3 s	CTOR	Charlestov		re Cent	er			CAt	on	svil	le			В	alti	more
- 2	<u> </u>	RESIDENCE OF DEC	10b, COUNT	,			100 CITY	r, TOWN O	D LOC	ATION						
Page	DIREC	Md		timore						ille						10d. INSIDE CITY LIMITS?  1 YES 2 NO
ermit.		10e. STREET AND NUMBER								of. ZIP CODI	E			10a, CIT		HAT COUNTRY?
nsit p	EB/	719 Maider	n Cho:	ice Lan	е					2122	8			US		
ing physician. the burial-transit permit. Pages 1,	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE 1	I YES	2 E N		11	yes, s	CENDENT Coperity Cube	n, Mexicar	n, Puerto Ric	(Specify Yes	or No-	14. RACE Black Specif	- American Indian, Whits, atc.
r attending use as the	입	15, DEC	EDENT'S EDU	CATION		16a. DEC	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY				WILLEC
, 6 .	<u> </u>	Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5	+)	(Gh	ne kind of w Do NOT us	rork done d e retired.)	luring m	nost of worldr	ng					
\$ B	COMPL	12				Pu	rcha	asin	g	Agen	t		Hot	el		
the ho detach	🛭	17. FATHER'S NAME (First, M						18. MOTHER'S NAME (First, Middle, Maiden Surname)								
ed by	띪	Charles Wi		n Kline							_	e Cru				
retained to 5 should notified	2	196, INFORMANT'S NAME (											; City or Town			
Sage A		Ann Walker			1 000						Rd.		nium			
ector, pa	ш.	X□XBuriel 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Rem	oval from State	cent	netery, crem	NO DATEO	her plece)	CA	mete	~ 17	DATE 2 / 7	Fre		City or Tox	
		21. BIGHATURE OF PHINEBA		ENSEE /	I P	16.	OII			AND ADDRES			FIE	der	ICK,	Md.
death. Pag tuneral di i. examiner		▶ 140.	lles	Ata	1.		_			-			Fune			
2 2 7	$\vdash$	23. PART i. Enter the d		complications the	•	d the dea	oth Do o	73	6	Edmo	ndsc	on Av	renue	, B	alto	, Md 2122B
filled i		shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	esrt fsllure. nsi	List only one ce	usa on e	ach line.								ratory an	rest,	Approximats interval Between Onset and Death Monfhi
executed withing and completely o burial, cremat matic event,	N.	Sequentially list condit		DUE TO	OR AS A	CONSEC	UENCE OF	7:				GAS				years
e be execut sician and c rior to buri traumatic	CATION	til any, laading to immediata cause. Enter UNDERLYING														
ertificate ing physic rgiene pri	SE	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
n certi	CERTIF	resulting in death) LAS	т	4				,								
the death y the atte nd Mental injury,		DART II. Other streeties														
	뒿	PART II. Other significe									given in i	Part i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
uires that signed b Health an	MEDICAL	PULMON			_				1	- G		-   1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
2 o de		DID TOBACCO U							10 F	7 LINIC	EDTAIN	i ida				1 TYES 2 XNO
N: The law ficate has b State Dept.	AN	25. WAS CASE REFERRED T		KIDOTE TO CA			E OF DEAT	_			EKIAIN	ואַנוּ				
SICIAN: The certificate to the State	Sic	EXAMINER?		HOSPITAL:	ER/Outp	etlent 3	□ DOA	OTHER 4 X Nurs		me 5 🗆 Re	eldence (	6 Other (	Sneoffy)			
SICIA certif th the	PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	FINJURY		28b, TIME	OF T	28c. IN	JURY AT			RIBE HOW IN	JURY OC	CURED	
ING PHYS frer this ceath with marked	ВУ Р	1 Netural 5  2 Accident	Pending Investigation	(MCNIII), L	Jey, rost)		INJU	M		ORK? YES 2	NO					
CTOR: A after d	8	9 Deutstein	Could not be determined	28s, PLACE ( building.	OF INJURY atc. (Spec	— At hom	ne, farm, si	treet, facto	ery, offi	св		28f. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Ro	oute Number,
TAL OR TAL DIRI 72 hour	COMPLET			CIAN: To the best of												and manner as stated.
TO THE HOSPITAL TO THE CUNERAL DOMESTING 72 I	BE	296. SIGNATURE AND TITLE	OF CERTIFIE	islow	dr	nd	0				ENSE NUM 264					(Month, Day, Year) ARY 4,1996
	10	BERNARD	F PERSON WH	O COMPLETED CAU	Y, M				DE	NCI	1010	EL	ANE			MD 21228
		31. DATE FILED (Month, Day,	16ar) 0 6 19	32. REGISTRA												



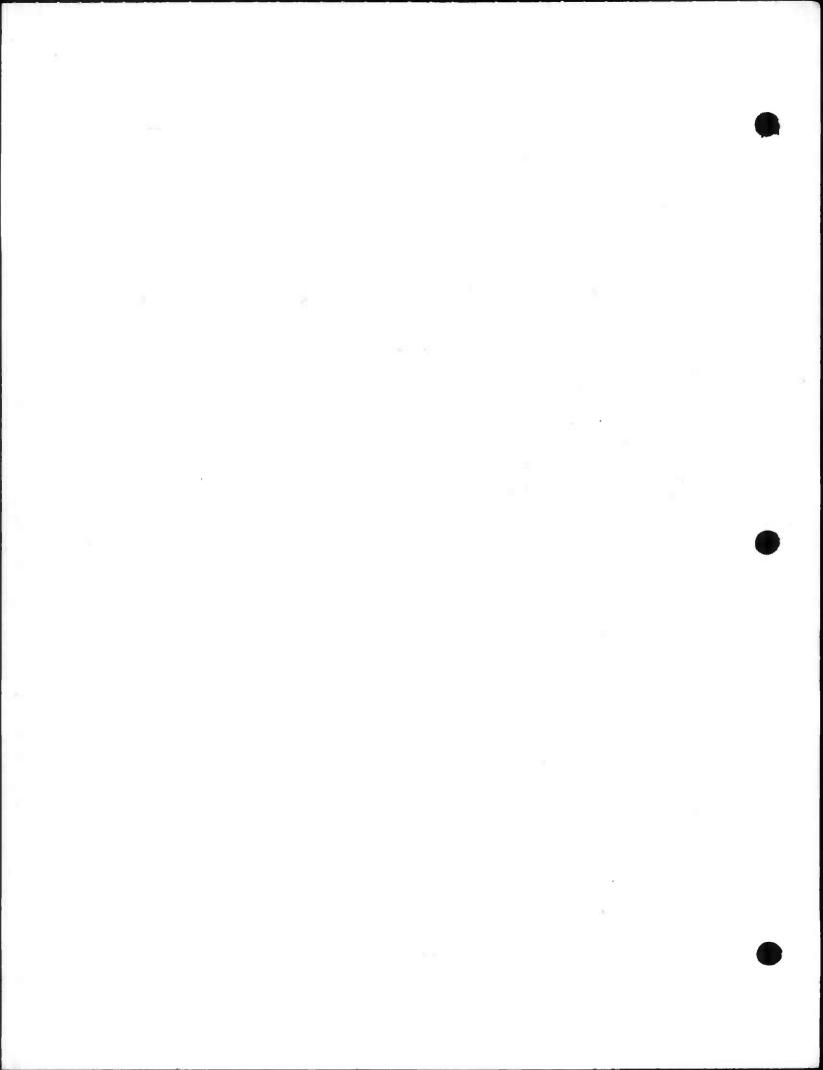
IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	IT	EM:	1.	3	2	PER	F.H.	FILM	G-732	2/20/9	6 t
1	•	FOR STAT REG	re ISTR	AR				STAT	E OF N	SARYLAN	D / CE
,	1. D	ECEOE	NT'S	NAR	IE (I	First, Mid	idle, Last)		11	,	

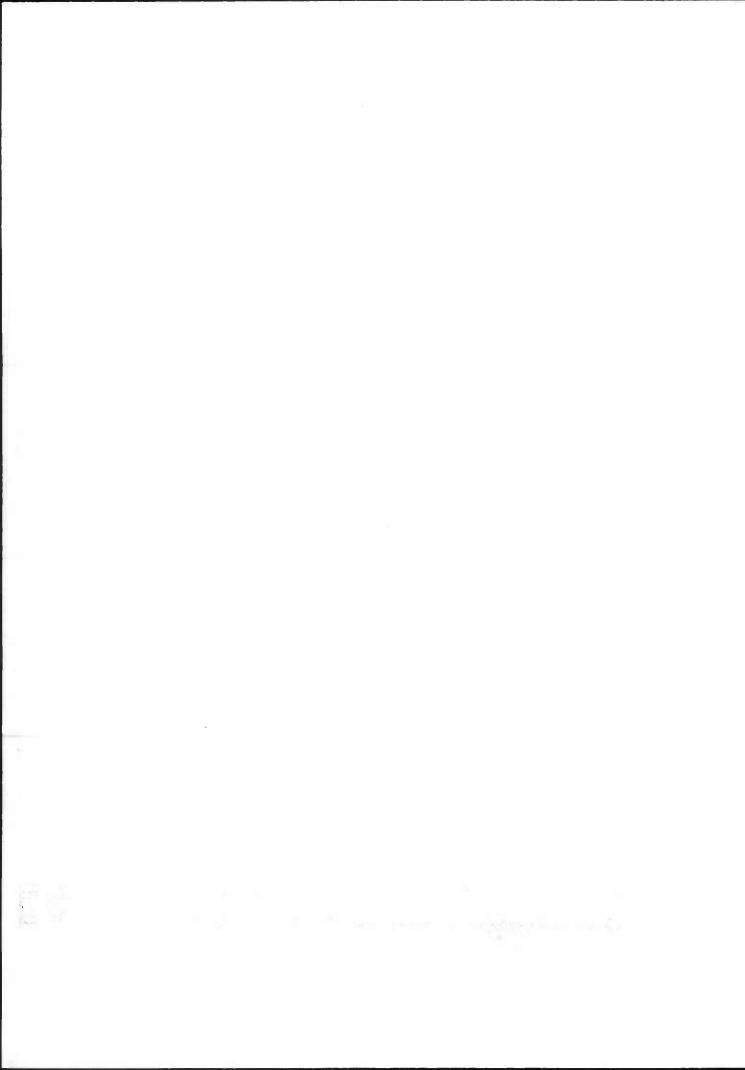
	FOR 1 STATE REGISTRAR	LN F-II-	STATE OF I	MARYLAND /	DEPAR	RTMENT				MENTAL HYGIEN	Ε		
	1. DECEDENT'S NAME (First	Middle, Last)	c K	-0-/	U A .	∠ KOP					w 3	YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUME 215-14-59		5. SEX 6. GE (In yrs. last birtho		st birthday) YRS.	MONTHS DAVE MOURE AND		7. DATE OF BIRTH (Month, Day, Year) 12-29-1		Count	NPLACE (State or Foreign (TYLAND)		
OR	90. FACILITY NAME (# not be KESWICK	nstitution, give a	treet and number)				MORI	ON OF DE		9c. COUNTY OF DEATN N/A			
DIRECTOR	10a. STATE		1	Y, TOWN O	R LOCAT				/	10d. INSIDE CITY LIMITS?			
FUNERAL (	100. STREET AND NUMBER 6006 HUNT RIDGE RD.						101	2121			1 V YES 2 NO  109. CITIZEN OF WHAT COUNTRY?  U.S.A.		
84	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WW I I						yes, sp	ecity Cube	F NISPAN n, Mexicer Specify	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)			
COMPLETED				+) (G	ive kind of Do NOT u	usual od work done of se retired.)	luring mo	st of worldr	ng	166. KIND OF BUS	111-0-00		IG
BE CON	17. FATNER'S NAME (First, M WALTER KO	PPELM	AN					GRA	ACE	ME (First, Middle, Meiden L • DUNDE	RDAI		
0	190. INFORMANT'S NAME (Type/Print)  NANNIE KOPPELMAN  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code)  6006 HUNT RIDGE RD. BALTO., MD. 21210.												
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   4   Donestion 5   Other (Specify)   CREMATORY 2 / 6 / 9 6 BALTO., MD.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SO 4905 YORK RD. BALTO.,								O., N	MD. 21212.				
	23. PART I. Enter the disabock, or h IMMEDIATE CAUSE (Firdisease or condition resulting in death)	eart fellure. I	a. Ralv	it caused the depse on each line  Anced  (OR AS A CONSE	Pa	uky				as cardiec or reapi	ratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
크	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY												
IAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		HOSPITAL: 1 Inpetient 2 28s. DATE OF (Month, D	INJURY	28b. TIM	E OF	ing Nom	URY AT	eldence 8	Other (Specify) 28d. OEŞCRIBE NOW II	JURY OC	CURED	
BY	1 Netural 5   2   Accident   3   Suicide 8   4   Nomicide		INJURY   WORK?   1   YES 2   NO				281. LOCATION (Street a City or Town, State)	181. LOCATION (Street and Number or Rural Route Number,					
COMPLETED	29a. CERTIFIER 1 CERT									to the cause(a) and man			) and manner as stated
TO BE CO	200. SIGNATURE AND TITLE OF CERTIFIER  200. SIGNATURE AND TITLE OF CERTIFIER  201. LICENSE NUMBER  202. LICENSE NUMBER  203. LICENSE NUMBER  204. DATE SIGNED (Month, Day, Voir)  February 5, 1996  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  T. TRASELLE TIACGREGAR, KESWICK, TOOW YOR ST. BRUTHORE, TID 21211												
	M. ISABELL	EM	ACGREC	ioR, K	=8W1	CK	70	060	40 %	ST-BALI	10701	RE,	MD21211

MACGREGOR, A 31. OATE FILED (Month, Day, Year) FEB 0 6 1996



BALTIMORE, MARYLAND 21215-0020	ING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	mation, or removal.	t, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE TIME BY DIRECTOR: After this certificate has been signed by the attending physician and complete	be men with the burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH BEG NO											
	1. DECEDENT'S NAME (First, Middle, Last)		- 01	-11111	ICATE	OF DEA	ип	2 DAT	REG. NO			3. TIME OF OEATH
	Paulina		Kaufmar	1				Ja	TH D	, 19	YEAR	11:20 PM
	4. BOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE	OF BIRTH	, 19		HPLACE (State or Foreign
	084-46-4224	1 □ M 2 📉 F	78	YRS.	MONTHS	DAYS HOURS	MIN.		eth, Day, Year)	1917	Count	umania
	Se. FACILITY NAME (If not institution, give a	street and number)	, ,		9b. CITY, T	OWN OR LOCA	TIDN OF D		C. 07.		NTY OF D	
1 8	11200 Lockwood	Drive			Sil	ver S	orin	a		Mo	ntac	omery
[ 등	RESIDENCE OF DECEDENT  10a, STATE  10b, CDUNT			Landau	Y, TOWN OR							
DIRECTOR		gomery				Spri	200					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	gomery		21	TVET	10f. ZIP CO				T 40 - 04T	TEN 05 1	1 X YES 2 NO
1 2	11200 Lockwood	Drive				2090				10.7	U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MEO	13. W			NIC ORIG	IN? (Specify Yes			
BY F	1 Never Married 2 Married	FORCES? 1	YES 2 X N	10	It)	res, specify Cul	en, Mexic	en, Puerto			Speci	E — American Indian, k, White, etc.
	3 Widowed 4 Divorced					- 32						nite
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	CEDENT'S ive kind of a Do NOT us	USUAL OCC	UPATION ing most of work	ding	16	b. KINO OF BU	SINESS/IND	DUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)		eper				Cloth	ina	Com	pany
NO.	17. FATHER'S NAME (First, Middle, Last)		I BOC	JAKE	eper	18. MO	THER'S N		Middle, Malden			
ш	Avram Novack								rshcu	Our rainey		
8 0	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (	Street and Numb	er or Rural	Route Nun	nber, City or Tow	n, State, Zip	Code)	21045
2	Relinde Zimme	rman	73	390	Hick	ory Lo	og C	irc	le, Co	olum	bia.	, Md
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 From	val from State	20b. PLACE A	AND DATE	OF DISPOSITI	ON (Name of		DA	TE 20c, LO	CATION -	City or To	rwn, State
	4 Donation 6 Other (Specify)		Mt. I	eba	non (				96 Ad	elph	i, l	Md
	21. SIGNATURE OF FUNERAL SARVICE	HNSEE /	( )			ME AND ADDR			unera	1 но	mes	
	though	Mu	you	-	Fa	lis Cl	iurc	h.	Va 220	046		
	23. PART I. Entar the diseases, or shock, or heart fellure.	complications that List only one ceu	t caused the da	ath. Do r	ot entar th	a moda of d	ying, suc	ch as car	diec or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finsi											interval Between Onset and Death
	disease or condition resulting in death)	*-	eriosc			Heart	Dis	eas	e			Years
		DUE TO	(DR AS A CONSEC	DUENCE O	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bOUE TO	(OR AS A CONSED	UENCE O	n:							
S S	cause. Enter UNDERLYING	C.										
H	that initiated events resulting in death) LAST	DUE TO	(DR AS A CONSEC	VENCE OF	T):							
监	resoluting in daa(ii) CAST	d										
	PART II. Other significant condition	a contributing to	daeth but not re	esulting I	n the unde	rlying cause	given In	Part I.	24a. WAS AN		24b.	. WERE AUTOPSY FINDINGS
ICAL									PERFDE			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC					_					A) NO		OF DEATH?
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S   No	O UN	CERTAI	N 🔯				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E DF DEAT	H (Check onl	y one)						
PHYSICIAN:	1 X YES 2 ☐ NO	1 Inpatient 2		□ DOA	OTHER:	Home 5 🕅 1	lesidence	6 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE DF (Month, D		28b. TIM INJ	URY	C. INJURY AT WORK?		26d. DE	SCRIBE HOW II	NJURY OCC	CUREO	
BY	2 Accident Investigation	Dec BLACE D	F IN HUMA			1 YES 2	□ NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At her atc. (Specify)	me, term, s	treet, factory	, office		28f. LOC	CATION (Street a or Town, State)	ind Number	or Rural A	loute Number,
E	29a. CERTIFIER				_	_						
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of										
1	29b. SIGNATURE AND TITLE OF CERTIFIES						ENSE NUI		and place, an			
BE	Sol 7	Com	0	-		>				29d. DATI	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUS	SE DF DEATH (ITEM	1 27) (Type,	Print)	I DO	3546			~	dina	00
	John F. Taube	r , 821	8 Wisco	onsi	n Av	е., В	ethe	sda	, Md			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIONATURE									
	FEB 0 6 1996	Alin dhe	bor Rada	1								
		#										DMMM.18 Bay 1/80



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 07:35 AL Phyllis Anne Knight /Medical Jan. 30, 1996 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Neme (If not Institution, give street end number) Examiner Baltimore

If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Dey, Year) 8201 Highpoint Rd. 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** Months 1 M 2 TF Director 63 216-80-5336 Oct. 27, 1932 Maryland Usuai Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location r than "netural", or items 23s or 28s-f show the Medical Exercises must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funeral 8201 Highpoint Rd. 21226 U.S.A. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever In U,S. Armed Forces? 11 Medial Status 14 Race - American Indian Bleck, White, etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any liqury or other traumatic evant page. Be 2 Leonard Twiga Kathryn Fisher 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Richard A. Knight 8201 Highpoint Rd. Baltimore, Maryland 21226 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Puriai 2 □ Cremetion 3 □ Removel from State Glen Haven Mem. Park Feb. 2, 1996 4 Donetion 5 DOther (Specify) Glen Burnie, Maryland 21. Signeture of Funerei Service Licensee 22. Neme end Address of Feclity McCully Funeral Home 23a. Part. Enter the disease, or complications that blused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximation. Approximate Interval Between Onset and Death Physician 1 3 2 1 Immediete Cause (Finel disease or condition resulting in deeth) /Medical Metastasestic Lung, Liver, Done, Skin Examiner Due to (or es e consequence of): and BRAIN Examiner requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that inflieted events resulting in deeth) Last attending physician and for use as the buriel-tran Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, CANCEL Physician/Medical Due to (or as e consequence of) isigned by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2000 3 Probably 4 Unknown þ certificate hes been si rector, page 2 should I Completed 24b. Were autopsy findings evalleble prior to 24a. Was en autopsy performed? completion of cause of death? Hospital or Attending Physician: The aw 24 hours after death.
Funeral Director: After this certificate hes. 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 ☑ No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Naturel 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 24 hours edical 29e. Certifler Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and menner as stated.

| Medical Examiner: On the best of exemination end/or investigation, in my opinion, deeth occurred at the time, date and pleca, and due to the cause(s) end menner stated. within 24 hou To the Fune completely fi (Check only one) 29b. Signeture and title of certifier 29c. License number 28d. Dete signed (Month, Day, Year) end address of per 30 Name cause of deeth (item 23e) (Type, Print) 3001 5. Hanover

Registrar

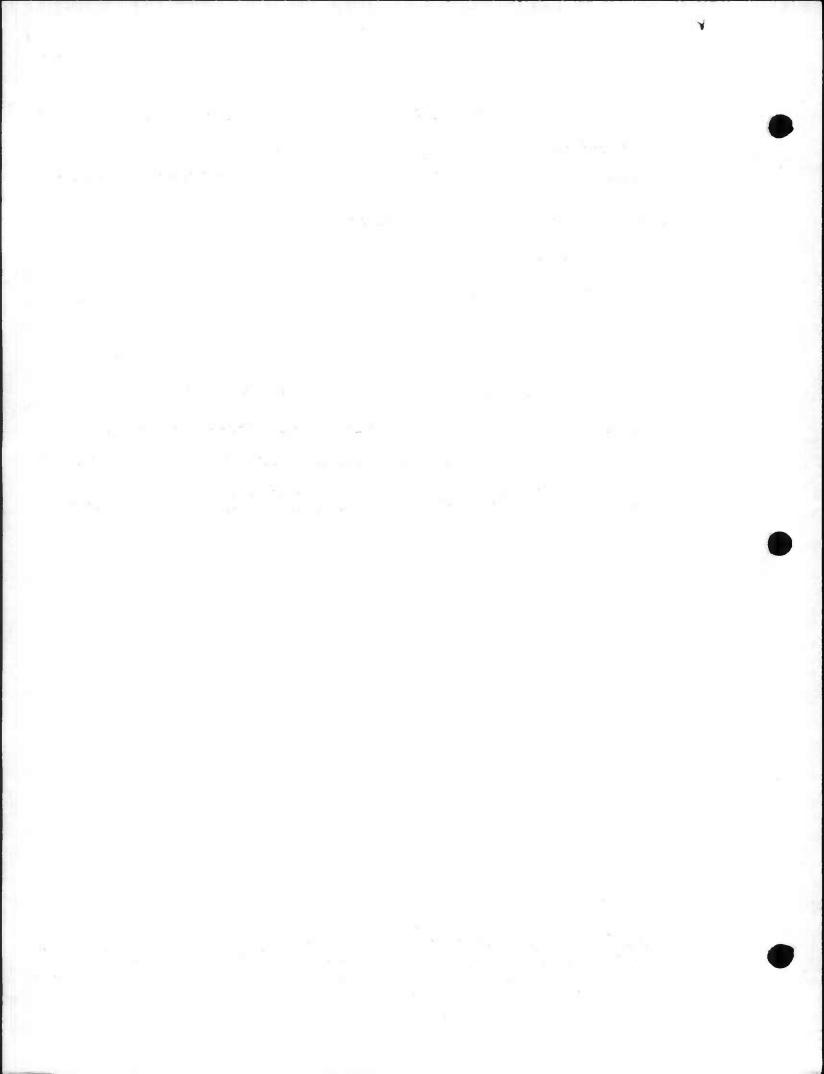
State

3t. Dete filed (Month, Dey, Year)

FEB 0 **6** 1996

32. Registrer's Signeture

this Staveter Red



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O. C.

		Decedant's Name (First, Middla, Las			partment of I			g. No.	) (	3. Time of Death	
Physic	ian						Month	Dey	Yaer	1135	
/Med		ELLA 4e. Facility Nema (If not Institution, give	LUNTZ			4b. City, Town, or L	JANUARY DOOTS		96	115pm	
Exam	iner						TOWSON  Ac. County of Death BALTIMORE				
F		STELLA MARIS HOSP: 5. Social Security Number 6. Se		(In yrs. last birthd	gv) If Undar 1 Yeer	if Under 24 Hrs.				ce (State or Foreign	
Funera Directo			TM 21JF	B8 Yrs	Months Days	Hours Min.	8. Data of Birth (Month, Day, OCT. 7,	MARY	LAND		
the Maryland 28a-f show	25	10e. Stata 10b. County		10c. City, Town or					100	I. Insida City Limits	
the N	ect	MARYLAND N,	/A	A BALT 10f. Zip Cod			4.0				
23a or	Funeral Director	2500 W. BELVEDERE	AVE., APT.	617	Tot. Zip Coda	21215	10	g. Citizan of V	USA	,,	
21215-0020 d within 72 hours after death with the Marylend giene. If then "natural", or flerme 23s or 28s-f show the Medical Expander must be notified at	by	11. Maritai Status  1 □ Naver Married 2X Married  3 □ Widowad 4 □ Divorced	12. Wes Dacedant Ev Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give X Yaar or Datas:		3. Was Dacedant of I If Yes, specify Cub 1 ☐ Yas 2 ☐ No	dispanic Origin? (Sp en, Maxican, Puarto Specify:	pecify Yas or No- p Rican, atc.)	14. Raca - Amarican Indian, Biack, Whita, etc.  Specify:  WHITE			
72 hours	Completed	15. Decedant's Ed	ucation	16a. De	cedant's Usuai Occup	pation	kina 1	6b. Kind of Bu			
S 2	ple	(Spacify only highast grad	Coilaga (1-4or 5+)	) life	iva kind of work done a. DO NOT usa retire	d)	Ring				
202	Col	9		H	OUSEWIFE			OWN	HOME		
E Saby	To Be	17. Fathar's Name (First, Middla, Last)  MAX		FRI	EDLANDER	18. Mothar's Nam	na (First, Middla, M ANNA	faiden Sumam	KOHI	4	
CTNL		19a. Informant's Name/Raiationship (Typa, Print)  MR. CHARLES LUNTZ (HUSBAND)  19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Sta									
9 - P = 4		20a. Method of Disposition  1 Burial 2 Cramation 3 4 Donation 5 Othar (Specify		cematary, c	sposition (Nama of tramatory or other pla KURLANDER	verein +		0c. Location -			
Dalfilmo permit. Pages Depertment of Important: If It any Injury or once.		21. Signature of Funaral Sarvice Licens	aa / 1//		22. Nama and Addra	EVINCON	& BROS.,	INC.			
_		23a. Part 1. Entar tha disaasa, or comp shock, or haart failura. List only o	icetions that caused the	ha daath. Do not	6010 REIS	STERSTOWN ng, such as cardiac	ROAD BAI or raspiratory arre	LTIMORE	, MD	21215 opproximata	
Physician		shock, or haart failura. List only o	na causa on aach line						i li	ntarval Between Onsat and Death	
/Medical		Immediata Causa (Finai disaase or condition BRAIN METASTASES									
Examiner		rasulting in death)	d.	ue to (or es a con					1 4	ontho	
HOME	Jer		LUNG	10 (01 65 a COII	ntc FR				~	melo	
cete be executed physician and the burlal-transit	Examiner	Sequentially list conditions	D	ua to (or as a con:	sequance of):				- 1	07/10	
2 6 8 F											
icete be expression of the buriar	dicai	causa. Entar Underlying Causa (Disaasa or injury that initiated avents resulting in daath) Last	C. Di								
	W	resulting in daatil) cast									
death certific e ettending of of for use es	an		d								
	Physician/M	Part II. Other eignificant conditions co	ntributing to death but	not rasulting in the	a undarfying causa gi	ven in Part I.	23b. Did tol	bacco uee co	ntribute to t	he cause of death?	
that the ed by the detache	Phy						1 □ Ye	e 2□ No	3 Probe	bly 4 Unknow	
requires that	by						1/2011	115- e - 1 - 1			
ne lew requires to the been signe tge 2 should be	Completed						24e. Wes an perform		avsil	e eutopsy findings able prior to plation of causa	
hes b	ldu								of de	sth?	
= F # d	S						1 □ Ya	s 2 No	1 🗆 '	Yas 2□ No	
Physician: The this certificate rat director, page	Be	25. Was casa rafarred to medical exeminar?	142-1				th (Check only one	a)			
Physic rat din	P	TE TAS ZENTO	Hospitei:		Hent 3LI DOA					Hospice	
Te de	on:	27. Manner of Death 1 Natural 5 ☐ Pending	28a. Data of Injury (Month, Day	Year) 28b. Time Injur	y Wo		28d. Dascribe hor	w Injury occur	red		
Attending or death.	cat	2 ☐ Accidant Invastigation 3 ☐ Suicida 6 ☐ Could not be				Yas 2 □ No					
plus or Attending siter death. Tilled in by the fune	Certification:	4 Homicida datarmined	28a. Placa of Injury building, atc.	y - At homa, farm, (Specify)	straat, factory, offica		28f. Location (Street and Number or Rural Route Number, City or Town, Stata)				
n 24 repl	edicai	29a. Certifiar (Check only one) Certifying Phy 2 Medicat Exami	sicisn: To the best of nar: On the besis of e and menner state	xaminetion and/or	ath occurred at tha til Invastigation, in my o	me, dete and plece, opinion, deeth occur	and due to the ca red at the time, de	use(s) end ma ite and piaca,	nner as stat end dua to ti	ed. ha causa(s)	
200	Σ	29b. Signatura and titia of certifiar		A .	29c. Licans	sa number	29	d. Data signe	d (Month, De	y, Year)	
		Xprdale	2/2/1	Men	0 00	5643		1/31/	96		
		30. Nama and addrass of person who o	omplated cause of dee	th (Item 23a) (Tyr	pe, Print)			1			
		DR. KENDALL FAULK			VALLEY RD.	, TOWSON	, MD 212	204			
St	ate	31. Deta filed (Month, Day, Year)	32. Registrar	s Signatura		,					
Regist		FEB 0 6 1996	hi Shudson	0							
HMH 16 Rev 6/	95	U 1330	W. W. W. W. C.	well	ſ						

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 1282

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** RITA MARIE LANE FEBRUARY 3, 1996 4:00 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 827 LUCKY ROAD SEVERN ANNE ARUNDEL If Undar 1 Year 5. Social Security Number 7. Age (In vrs. last hirthday) If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) 02/22/1950 Birthplaca (Stata or Foreign Country)
 OHIO **Funeral** 1□M 2\ F Months Days Hours Min Director 296-48-7243 45 Usual Rasidenca of Decedent death with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow ns 23s or 28s-f short 1 Yes 2 No Director MARYLAND ANNE ARUNDEL SEVERN 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 827 LUCKY ROAD 21144 U.S.A. Funeral r than "natural", or items the Medical Examiner ma 11. Maritai Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Biack, White, atc. Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental thygiena.

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not or other traumate event, the Mental Estamment. 1 ☐ Yas 2 🕅 No If Yes, Give Year or Datas: 1 Never Married 2 KMarried altimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify. 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Eiementary/Secondary (0-12) Coilege (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Sumame) Be LAPSHAN MIRMYRA JOHN SLIKE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) MICHAEL B. LANE 827 LUCKY ROAD, SEVERN, MARYLAND 21144 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 2/5/96 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramovai from State Department of Importants If any Injury or any Injury or ance. 4 ☐ Donation 5 ☐ Other (Specify) CHESAPEAKE CREMATORY, INC. BELTSVILLE, MARYLAND 22. Name and Address of Facility SINGLETON FUNERAL HOME 21. Signature of Funeral Service/Licensee 1 SECOND AVENUE S.W., GLEN BURNIE, MD 21061 23a. Part Enter the change, or complications that ceused the death. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, shows or heart failthe. List only one cause or each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in death) Examiner Metaston Examiner certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Last Bud burial-tran physician Physician/Medical the Dua to (or as a consequence of): attanding for usa as Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by ti 2/2(No 1 Yes 3 Probably 4 Unknown Ivision of Vital Records, by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to Completed peed completion of cause of death? 1 ☐ Yes 2 ☐ No cartificata 25. Was cese referred to medicel axaminer? 8 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this me funeral Dete of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? Netural 2 Accident 5 Pending investigation 1 TYes 6 Could not be determined 3 ☐ Sulcide 28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide Cartifying Physician: To the best of my knowledga, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and titia of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 1774356 30. Name and address of person who completed cause of death (item 23a) (Type, Print) WATERFIELD MO 32. Registrar's agnature 31. Date filed (Month, Day, Year) State Registrar

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Item10e 2-6-96 FilmG732 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day Month **Physician** Vaar AM EVIN SOV 1796 FEB THIRD /Medical 4a. Facility Nama (If not insulation, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner JOSEPH RITCHIE HOSPICE BALTIMORE N/A 5. Social Security Number If Undar 1 Yaar if Undar 24 Hrs. 7. Aga (In yrs. last birthday) **Funeral** 9. Birthplaca (Stata or Foreign Months Days Hours 1□M 2□F 71 Yrs. MARYLAND Director 218-18-3373 Usuai Rasidance of Decedant the Maryland 10a. Stata 10b County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or flems 23s or 28s-f show the Medical Examiner must be notified at 1 X Yas 2 □ No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 6318 GREENSPRIN AVE. 9 APT. 405 21209 Funeral USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify þ Specify 3 ₩ Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 7 Hygiene. marked other than Collega (1-4or 5+) Elamentary/Secondary (0-12) 12 HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Pages 1 and 2 should be finent of Health and Mental 8 int: If Itam 27 is marked of ROBERT BLOCK 2 TDA **PRESS** 19a. informant's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2: Department of Health as Important: If Itam 27 is BLOCK (NEPHEW) 9037 MEADOW HEIGHTS RD. RANDALLSTOWN, MD 21133

20b. Pleca of Disposition (Neme of cemafary, cramatory or other place)

Data 20c. Location - City or Town, Stele \_ROBERT 20a. Mathod ot Disposition 0 ₩ Burlal 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) MOSES MONTEFIORE 2-4-1996 BALTIMORE, MD 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility any Ir SOL LEVINSON & BROS., INC. Delle 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart tailure. List only one cause on each line. Approximata Intarvai Between Onset and Death **Physician** /Medical tmmediata Causa (Final 10 disaasa or condition rasulting in death) Examiner as a consequence ot) Examiner attending physician and for use as the burial-transit The law requires that the death certificata be executed Sequentially list conditions, if any, leading to immadiate cause. Entar Undarfying Cause (Disaase or Injury that initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ped ped 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wara autopsy tindings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? peen : has e 2 page certificate 1 Yas 2 1 No 1 ☐ Yas 2 ☐ No or Attending Physician: director, 25. Was casa ratarred to medical axaminar? Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 1 Yes 2 No Certification: To 8 Other (Specify) HOSP 10 F 1 inpatiant 2 ER/Outpatient 3 DOA 5 Rasidance this 28a. Data of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Neturei s after dec-5 Panding invastigation 1 Tas 2 1 No 2 Accident 6 Could not be determined 3 ☐ Sulcida 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) 28a. Place of injury - At homa, farm, street, tectory, offica building, etc. (Specify) 4 Homicide hin 24 hours after the Funeral Dire npietely filled in b 29a. Cartifiar 1 Cartifying Physician: To tha best of my knowledge, daeth occurred at tha tima, data end plece, and due to the cause(s) and mannar as steted. Medical 2 Medical Examiner: On the basis of examinetion and/or invastigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within 2 To the F 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed causa of death (itam 23a) (Type, Print) E.J. DONNELL, MARYLAND GENERAL HOSPITAL BALTIMORE, MD 31. Data tiled (Month, Day, Year) 32. Ragistrar's Signatura State Akuelean Revolate FB 0 6 1996 Registrar

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			Certificate of	f Death	Re	g. No.		
Physicia	an	1. Decedent's Name (First, Middle, Last)			2. Dete of Death Month	Day	Yaar .	. Time of Death
/Medic Examin	al	4a. Facility Name (If not Institution, give street end number)	y L. Levy	4b. City, Town, or Lo	ocation of Death	31 4c. County	of Death	4:13PN
		NORTHWEST HOSPITAL CENTER		RANDAL	LSTOWN	BAL	TIMORE	
Funeral Director		5. Social Security Number 6. Sex 7. Age (In yrs. In 084–09–7346 1 M 2 F 78	Ast birthdey) If Under 1 Year Months Day	r If Undar 24 Hrs.	8. Dete of Birth (Month, Dey, SEPT. 2		9. Birthplace Country) NEW	(State or Foreign
р ,		Usual Residence of Decedent  10a, State 10b, County 10c, City						
e Maryla ta-f show	ctor	FLORIDA 10b. County Palm Beach 10c. City	Town or Location Del	Ray Beach				Inside City Limits 1   Yes 2 □ No
th with th	Funeral Director	10e. Street and Number 7267 HUNTINGTON LANE, apt. 103	g. Citizen of V	of What Country?				
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d within 72 hours at giene. or than "natural", or the Med cal Exerc.	Completed	15. Decedent's Education (Specify only highast grade completed)	16a. Decedent's Usual Occi (Give kind of work don life. DO NOT use retir	upetion e during most of work	ing 1	6b. Kind of Bu	usiness/Indust	
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2 should be filed and Mental Hygi is marked other eumatic event, I	To	BENJAMIN LEVY			HATTIE		IMMERN	
1 Sept		19a. Informant's Name/Relationship (Type, Print) MRS. BARBARA MEKILESKY (DAUGHT)	19b. Malling Address (Street	et end Number or Run ENWAY LANE				
Hee Hee		20a. Mathod of Disposition 20b. Pl	ace of Disposition (Neme of matary, cremetory or other p				City or Town,	
Pege nent o int: If iry or		1 L3 Buriel 2 L Cremation 3 L Nemoval from Stata	TH ISRAEL MEMO	i	2-2-199	6- WOOI	DBRIDGE	E, N.J.
permit. Peges 1 al Department of Hee Important: If Item: any Injury or othe once.		21. Signature of Fyneral Service-Licensee	22. Name and Add SOL 1	LEVINSON &	BROS.,	INC.		
Physician /Medical		23a. Pert1. Enter the disease, or complications that caused the death shock, or heert tailure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)  a. Soonee	. Do not enter the mode of dy	STERSTOWN   ying, such as cerdiec (			Ap tnt On	proximete erval Between set and Death
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that the de ned by the e detached f		Part it. Other significant conditions contributing to death but not rasu  Diabetes Melly Coupling	istal by Hyp	oglycemia	236. Did top			y 4 Unknow
8 50	Completed by	Rend balue and metals	olic Acidosi	<i>S</i>	24a. Was an perform		availat	autopsy findings ble prior to etion of cause th?
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fing Phys	7: To	1 Tas 1 Inpatient 2 E	ER/Outpetlent 3□ DOA 28b. Time of linjury W	4 U Nursing Ho	ma 5 Rasider 28d. Dascribe hov			
Attending F or death. Sector: After by the funer	atloi	1 ☐Naturel 5 ☐ Pending (Month, Day Year) 2 ☐ Accident Investigation		ork? □Yas 2□No				
In or Attendent after deat	Certification:	3 ☐ Sulcida 4 ☐ Homicide  6 ☐ Could not be datermined  28e. Place of Injury - At hor building, atc. (Specify,	ma, farm, street, fectory, office	а	28f. Location (Stra City or Town,	aet end Numb Stete)	er or Rural Ro	outa Number,
n 24 plately fil	edical	29a. Certifier (Check only one)  1 Certifying Physician: To the best of my know and manner: On the basis of examinati and manner stated.	rledge, death occurred at tha on and/or investigation, in my	time, date and place, opinion, death occurr	and due to the car red at the time, dat	use(s) and ma te and place, i	nner as stated and due to the	d. causa(s)
To To comp	W	29b. Signature and titla of certifier  Joy 5 Town Market		nse number	JA	d. Data signed	d (Month, Day	, Year)
		30. Name and address of person who completed cause of Weath (Item ) at Stepten (MRCo is M - 70 FP)	23a) (Type, Print)	Baeta	se M	any la	d	
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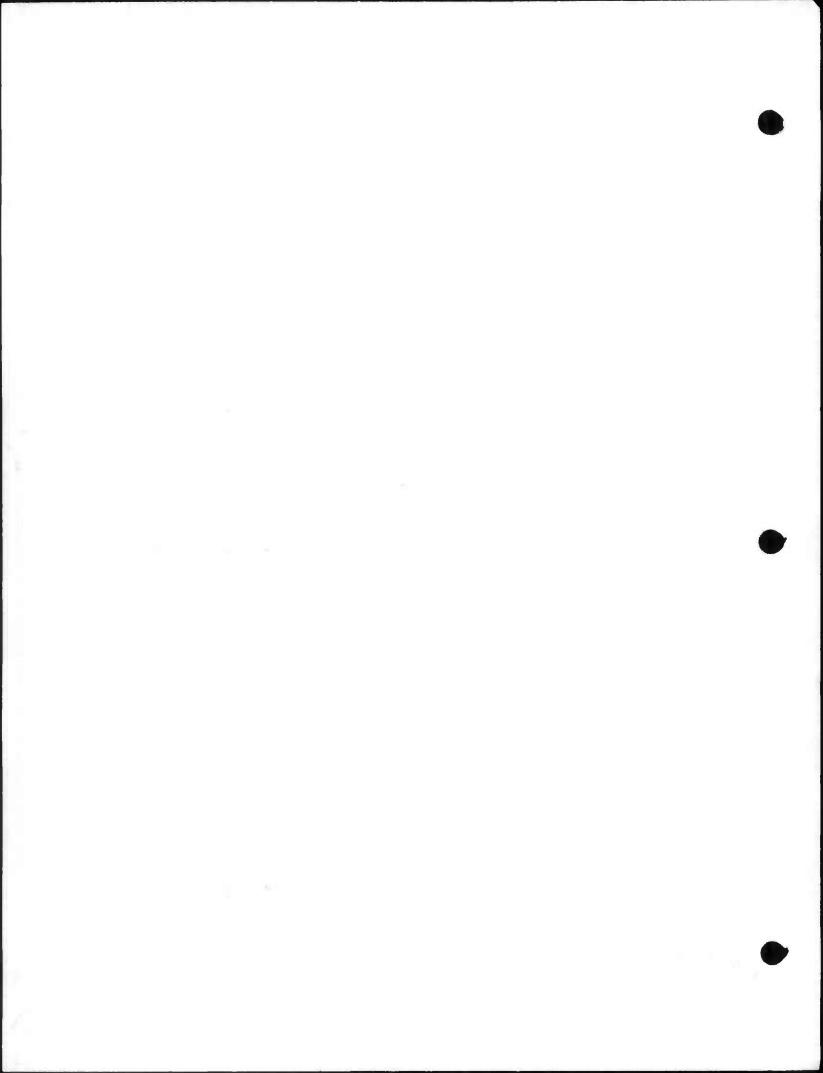
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  Walter John Lammers  2. Date of Death Month Pear Pear 1 2:45 at 1 2:45 at 1 3. Time of Death Pear Pear 1 2:45 at 1 3. Time of Death Pear Pear 1 2:45 at 1 3. Time of Death Pear Pear 1 2:45 at 1 3. Time of Death Pear Pear 1 2:45 at 1 3. Time of Death Pear Pear 1 2:45 at 1 3. Time of Death Pear 1 2:45 at 1													
	4. SOCIAL SECURITY NUMBER	3	5. SEX	X 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 MRS.					7 DATE OF B	IRTH		a BIRTI	HBI ACE (State or Enmiss	
	213-38-6331		1 💢 M 2 🗌 F	90	YRS.		DAYS	HOURS	MIN.	June 2	6, :	1905	Mary	land
_	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH													
DIRECTOR	Meridian Multi-Medical Towson Baltimore												ore	
E C	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY			
ᡖ	Maryland	N/A			В	altim	ore							1 YES 2 NO
ERAL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH											WHAT COUNTRY?		
ÿ	417 Hollen Road  21212  U.S.A.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 (ANO 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Arme Black, White, B													
BY FUN	1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE V		MED IO	H	yes, spe	ENDENT ( icity Cube 2 (1) NO	n, Mexica	n, Puerlo Rican	ecify Yes , etc.)	or No—	Blac	E — American Indian, k, White, etc. White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
once. COMPLET	Elementary/Secondary (0-12	+) Iffe.	ntis	se retired.)	ing mo	or works	·v	Med	dica	.1				
76 III	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Minnie Schetlich													
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
De no	Janet L. Frazier (daughter) 6521 Banbury Road, Baltimore, MD 21239  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION (Name of Disposition of D													
hust	1 Burisi 2 Cremetion 4 Donation 5 Other (Sc	3 🗆 Remo	oval from State	20b. PLACE A	MIND DATE	OF DISPOSIT	ION/Nai	me of	Feb.	DATE 8				
100	1 Donellon 3 Cother (Specify) Pikesville, Maryland 21. Signature of Function 1 Service (Joensee)  22. Name and appress of Facility Mitchell—Wiedefeld Home Inc.												Tally Italia	
examiner must be notified	hou	us (los	out Ba	· No						Balti				12
or other traumatic event, the medical	Interval Between Onest and Death disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Interval Between Onest and Death Onest													
shows any injury, o : MEDICAL CEI	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  ARTERIOSCER DIC CARDIOVASCULAS PISTANDE 1 YES 2 XNO  246. WAS AN AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO													
SIZ		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
or item 23	EXAMINER?	No. 12	HOSPITAL:	ER/Outpatient 3		OTHER:		5 🗆 🗈	sidence	6 ☐ Other (Spe	rollv1			
marked, or BY PHY	27. MANNER OF DEATH  1 X Natural 5 Per	nding eatigation	26e. DATE OF (Month, D		26b. TIM IN.		Bc. INJL WOI	JRY AT		26d. DESCRIB	-	JURY OC	CURED	
28 is TED	3 Suicide 6 Cou	uld not be termined	26e. PLACE O building,	F INJURY — At horetc. (Specify)	me, ferm, :	street, factor	y, office			261. LOCATION City or Tox		nd Number	or Rural I	Route Number,
IMPORTANT: If Item 2  D BE COMPLET	29e. CERTIFIER (Check only one) 2 MEDICA	YING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurre	ed at the Ilm	e, date	and place	end due	to the cause(e)	end man	ner as atat	ed.	i) and manner se stated.
PORTAN BE C	29b. SIGNATURE AND TITLE OF			0					ENSE NUM					(Month, Day, Year)
MP O	walle	~ 8	2 mei	Jan	N	70		D	120	039		1	FB	6, 1996
	30. NAME AND ADDRESS OF PE						D	л	107	7		20	n 91	201
Walter L. Welzant, M.D. 7600 Osler Dr. # 107, Towson, MD 2									U Z.	1.204				
1	FEB 0 6 199	6	41 0 5	chalell										
														DHMH-16 Rev 1/89



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** Month Vera erman 130pm Januar 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery If Undar 1 Yaar 5. Sociel Security Number If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□M ŽŠF Deys 84 Yrs Director 215-33-3319 Dec. 11, 1911 Ukraine Usual Residence of Decedent filed within 72 hours after deeth with the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits x 28a-f show 1 TYAS XXVO Maryland/ Montgomery Rockville Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumatic event, the Medical Examiner must be a 218 Congressional Lane, T-3 20852 Ukraine Funeral 12. Was Dacedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: White þ 3⊠ Widowed 4 □ Divorced Completed Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) Casher Retail permit. Peges 1 and 2 should be file Department of Health and Mentel Hy, Important: If Item 27 is marked other any injury or other traumatic event, pages. 17. Fether's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Be Mordhe Den Meer-Simhe Sora Lerman 2 19e. Informent's Neme/Raletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20852<u>Betya Lerman</u> 218 Congressional Lane, Rockville, Md altimore, 20b. Piece of Disposition (Name of cemetary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ⊠ Burial 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Judean Mem. Grdns. 1/30/96 Olney, Md 21. Signeture of Funeral Service Lagrange 22. Nama end Address of Fecility Ives-Pearson Funeral Homes 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immedieta Cause (Finel disaasa or condition rasulting in death) Examiner Examiner physician and the buriel-transit Sequantially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last P.O. Box 68760, Physician/Medical 88 980 6 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t. ed by the detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 21 No 3 Probably 4 Unknown signed be det þ 24b. Wara autopsy tindings available prior to completion of cause of death? Completed 24a. Was an eutopsy performed? peeu 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital of Attending Physician: after deeth. Director: After this certific funeral director, 25. Wes casa rafarred to medical Be 26. Piaca of Deeth (Check only ona) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Minpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28e. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Neturel 5 Panding 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be datermined 3 Sulcide 28t. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Spacify) 4 Homicide

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To the To the comple

U. Seugrinsky,
31. Date tiled (Month, Dey, Year)

FEB 0 6 1996

29b. Signeture end title of certitier

29e. Certifiar

32. Registrer's Signature

SuBUN BON

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

15 Certifying Physician: To the best of my knowledga, daeth occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examinar: On the basis of examinetion end/or invastigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29c. License number

29d. Dete signed (Month, Day, Year)

State Registrar

Medicai

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x discussion of

	 Physici		DER MEO FILM G-732 2  1. Decedent's Neme (First, Middle		A 3.73.7		Certific				2. Dete of Deet FEBRUARY		9 <sup>Veer</sup>	3. Time of Death	
	/Medi Examir	cal	MELISSA  4a. Fecility Neme (If not institution	n, give street end n	ANN			MAUR			EEBRUARY ecation of Death	4c. County		4:52 PM	
	LAGITIII	ici	EASTON MEMORI	AL HOSPI	TAL				EAS				BOT		
	uneral irector		5. Sociel Security Number 210-38-2071  Usuel Residence of Decedent	6. Sex 1 □ M 2 🖾 F	7. Age (In yrs		frs. If Ur Mont	hs Deys	Hours	24 Hrs. Min.	JULY 8, 1964		9. Birthpi Count	ece (Stete or Foreign	
e Maryland	saf show tified at	ctor	10a. Stete 10b. County MD T	Lbot		city, Town	or Location						10	od. Inside City Limits 1 ☐ Yes 2 🕱 No	
with th	3a or 2	al Dire	10a. Street end Number QUAKE 7891 Quartorne	R NECK	0 Box 1	08		Zip Code 21612			-11	0g. Citizen of USA	Whet Coun	try?	
5-UUZU 72 hours after death with the Maryland	al', or items 2 Examiner mu	by Funeral Director	11. Meritel Stetus  1 Never Merried 2 Merr 3 Widowed 4 Divorced	Armed I	12. Wes Decedent Ever in U,S. Armed Forces?  1  Yes 2  No If Yes, Give Year or Detes:		13. Wes Decedent of Hispenic Origin? (S If Yes, specify Cuben, Mexican, Puerl 1  Yes 2 No Specify:		gin? (Spo , Puerto	Specify Yes or No- tto Rican, etc.)  14. Rece- Bleck, 1  Specify:		ck, White,	otc.		
within	the Medical Ex	Completed	15. Deceden (Specify only higher Elementery/Secondery (0-12) 12	t grede completed	d) (1-4or 5+)		Decedent's t (Give kind of life. DO NO nemake		petion during most d)	t of work	ing	16b. Kind of B	usiness/ind	. 2	
land	nd 2 should be th and Mental 17 is marked o	To Be C	17. Fether's Neme (First, Middle, NORTON H BROWN								e (First, Middle, A NN ZERBE	Aaiden Sumer			
Mary of 2 shou		<b>}-</b>	19e. Informent's Neme/Reletions CHARLES CAPUTE	nip (Type, Print)			_				al Route Number,			Code)	
Baltimore,	7 8		20e. Method of Disposition  1 Buriel 2 Cremetion  4 Donetion 5 Other (S)  21. Signeture of Funerel Service	pecify)	m Stete .	cemeter	Disposition (v, cremetory)	or other ple	4	y	Dete :	Renol			
Phy /M	vsician ledical aminer		23a. Pent. Enter the disease, or shock, or heart feilure. List Immediate Cause (Finel disease or condition resulting in deeth)	only one cause on	HOL INTOX	ICATI			ng, such es	1 2 cardiec	CO 7 (= A)	35tern est,	Ave.	Approximate Interval Between Onset and Deeth	
daath certificate be assecuted	attanding physician and for usa as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last	b			onsequence								
) å	igned by the attand be datached for us	/ Physician/M	Pert II. Other algnificant condition	ns contributing to	contributing to death but not resulting in the underlying cause					cause given in Pert i. 23b. Did tobacco use			ntribute to		
VICAL DECOLOS, P	peen s should	Completed by									24e. Wes en	n autopsy ned?	ava	re autopsy findings illeble prior to appletion of cause leath?	
al Mec	cata has	Com									HS Ye	s 2 No	12	Ves 2□ No	
V Icion	s cartificata director, pa	Be	25. Wes case referred to medical examiner?	Hospitel:				DOA Oth	or.		(Check only on				
Attending Physicien:	Aftar thi funerel	ation: To	1 X Yes 2 No  27. Menner of Deeth 1 Neturel 5 Pendin 2 Accident Investig	28e. Det	28e. Dete of Injury (Month, Day Year)  28b. Time of injury				yat rk? Yes 2		me 5 Reside 28d. Describe ho UNKNOWN				
2 8 4	in by	Sertification:	3 Suicide 6 COcould r 4 Homicide determ	ot be 26e. Pied	ce of Injury - At I ding, etc. (Spec	nome, fer	m, street, fac	factory, office 28f. Location (Street and Numb City or Town, Stete) 789			1 QUAK	ER NECK ROAD			
To the Hospital	To the Funeral Direct complately filled in by	edical C	29e. Certifier 1 Certifyin 2 Medicai I	Examiner: On the	ne best of my kn basis of examin	owledge,	deeth occur	eeth occurred et the time, dete end plece, and due to the ceuse( or investigetion, in my opinion, deeth occurred et the time, date an				euse(s) end m	BOT COUNTY, MD. se(s) end menner es stated. e and plece, and due to the cause(s)		
To the	omo	Me	29b, Signature and title of certifier				T	29c. Licens	e number		2	9d. Dete signe	d (Month, I	Day, Year)	

O.C.M.E.

FEBRUARY 4, 1996

State Registrar

111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture FEB 0 6 1996

address of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street. Ra

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V 1-29 Parties Toward Control

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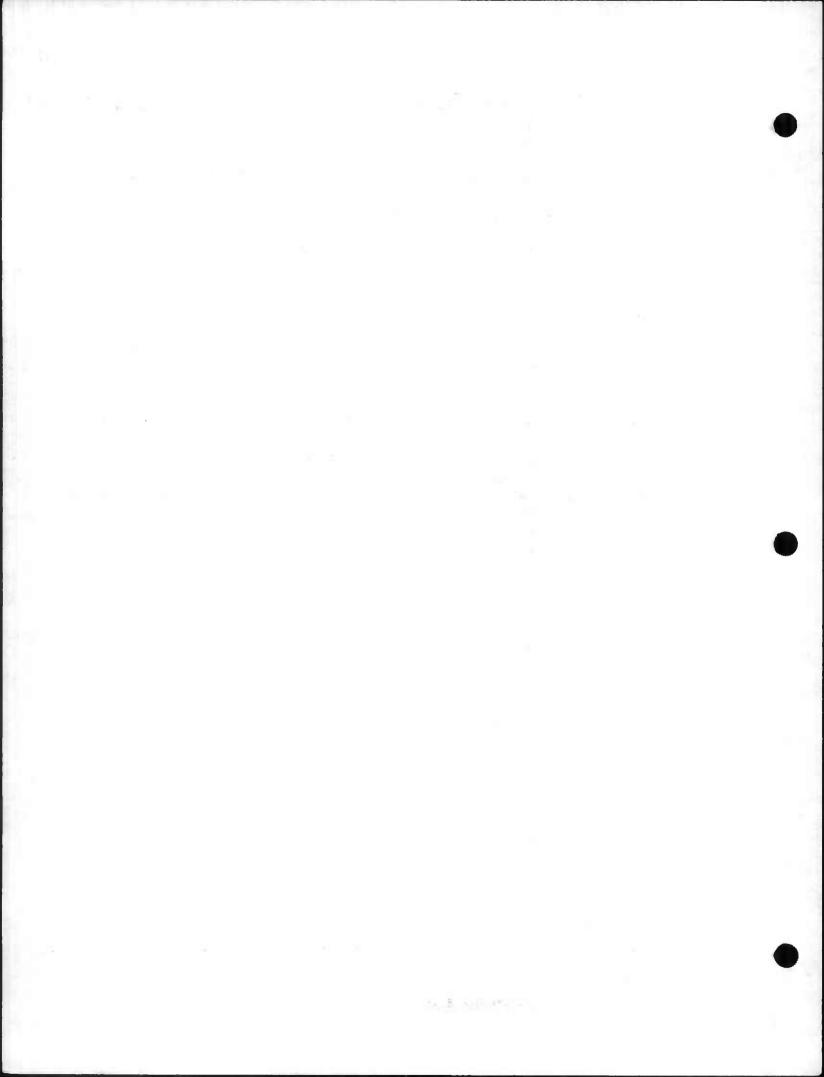
State of Maryland / Department of Health and Mental Hygiene 96 02827

					,	Certific	cate of	Death	R	eg. No.	U	2021
			1. Decedent's Nama (First, Middla, Las	it)			_		2. Data of Deet	h		3. Time of Death
	Physici /Medic		Loretta	B. McClain					Feb 5.	1996	Yaar	5:45am
	/wedit Examin		4a. Facility Nama (If not institution, give					4b. City, Town, or		4c. County of	f Death	3 V 13 CM
		~	Windsor Ridge Nurs	sing & Reh	ab Cent	er		Baltimor	е	Balt	imor	e
Г	Funeral		Social Security Number     6. Security Number		(In yrs. last birtl	iday) If L	Jnder 1 Yeer oths Days		(Month, Day,	Year)	9. Birthpia Countr	aca (Stata or Foreign
ш	Director		213-03-2874 " Usual Rasidance of Decedant	X	78 Y	13.			April 1	2,191/	Mary	land
	and w		10a. Stata 10b. County		10c. City, Town	or Location	n				100	d. Insida City Limits
	4 ah	ō	Maryland Balti	more	Balt	imore						1 ☐ Yas 21 No
	the notific	Director	10e. Street end Number				of, Zip Code		1	0g. Citizan of Wh	nat Countr	v?
	3a or	<u> </u>	7600 Clays Lane					21207		U.S.A.		-
	me 2	Funeral	11. Maritei Status	12. Was Dacedent E	ver in U,S.	13. Wes E	Decedent of I	Hispenic Origin? (S an, Mexican, Puar	pecify Yes or No-	14. Reca	- America	
21215-0020	72 hours efter death with the Maryland natural', or flerns 23a or 28s4 show lites Examines must be notified at	by Fur	1 X Navar Married 2 Merried 3 Widowed 4 Divorced	Armed Forcas?  1  Yes XXNe If Yas, Giva Yeer or Detes:	0		as 2∏No		to Rican, etc.)	Black, Specify:	White, at	
ō	n 72 hours natural',		15. Dacadant's Edu	ucation	16a.	Dacedant's	Usual Occup	pation		16b. Kind of Busi		
215	C	Completed	(Specify only highast grad	da complated) Collega (1-4or 5+	<b>b)</b>	Give kind o lifa. DO N	of work dona OT use retire	during most of world)	rking			
	d withingiene.	Com	9			Cler	k			retail		
nd	be filed tel Hygi d other event, ti	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Ner	ma (First, Middla, I	Maidan Sumama,	)	
yla		2	Charles I. M	cClain				Elsie E	. Anzel			
Maryland	d 2 should th end Mer 7 is marks traumatic		19a. Informant's Name/Ralationship (T		19b.	Meiling Ad	Idrass (Stree	t and Number or Ri	ural Routa Number	City or Town, S	tata, Zip C	2ode)
	s 1 and f Health frem 27 other t		Catherine Osbo	rne/niece	64 20b. Place of			Blvd, Se	verna Pa			
0			20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ 1	Ramoval from Stete	cematan	, cramator)	y or othar pla	ce)	Data	20c. Location - C	ity or Tow	m, Stata
ţ	nit. Pa partmen ortant: Injury		4 Donation 5 □Other (Specify,		New Ca			netery 2/		Baltimor	e, M	aryland
Baltimore,	permit. Page Department of important: If any Injury or once.		21. Signature of Funaral Service Licans	Seite.	h				Funeral altimore		and 2	1211
	1000		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only o	lications that caused to	tha deeth. Do n						1. /	Approximata Intarvai Between
7	Physician				-	ſ	1	$\wedge$				Onsat and Death
4	/Medical Examiner		Immediate Cause (Final disaese or condition			/mo						
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oʻ	rificete be executed ng physician end es the buriel-transit	Examiner	Saquantially list conditions, if eny, leeding to Immadiata cause. Enter Undarlying Causa (Disaasa or injury	- /	Ouetto (or as a ci	ordequence	e of):	7	phone			40400
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	5 0 0	Med		_	Se	mil	le.	Dene	tia		1	10400
Box	attendir for use	any		d								
0	the attenthed for u	Physician/M	Part II. Other significant conditions co	intributing to death but	t not rasulting in	tha undarly	ying causa gi	van in Part I.	23b. Did to	bacco uss cont	ributa to 1	the causs of death?
<b>D</b>	\$ × 00								1 □ Y	No S	3 🗌 Probe	ably 4 Unknown
ds	requires	d by							24e. Wes e	n eutopsy	24b. Wer	re eutopsy findings
Records,		Completed							perform		com	llabla prior to oplation of causa eath?
	The ate h	50							1 □ Ya	s 20 No	1 🗆	Yas 2□ No
/ita	yalcian: is certific director,	Be	25. Was casa refarred to medical axaminar?						ath (Check only on	a)		
of Vital	Physician: this certific ral director,	P	TEL TAS ZIA NO	Hospital: 1 Inpatien			LI DOA	-	loma 5 ☐ Rasida		, , , , , , , ,	
ion	ath. r: After e funer	ation:	27. Manner of Daath  1 Metural 5 □ Panding  2 □ Accidant Invastigation	28a. Data of Injury (Month, Day	Year) 28b. Ti	ma of jury M		ryet rk? ]Yas 2□No	28d. Describe ho	w injury occurred	d	
Division	or Atte	Certification:	3 ☐ Sulcida 6 ☐ Could not be datarmined	28a. Place of Injur building, etc.	ry - At homa, fen (Specify)	m, street, fa	actory, office		28f. Location (St City or Town		r or Rural	Routa Number,
	o the Hospital or Attending Physichin 24 hours and deeth. o the Funeral Director: After this ombie by taledyn by the funeral of	edicai C	29a. Cartifier (Check only one) 12 Cartifying Phy 2 Medical Example one)	vsician: To the best of iner: On the basis of e	examination and	daath occu or invastig	urred at the ti	ma, data and place opinion, deeth occu	e, end dua to tha courred at the tima, do	ause(s) and <i>m</i> andate and place, an	nar as sta nd due to t	ited. the causa(s)
	within 24 y	Me	29b. Signature and title of certifier	serve constitution of the	- 4.		29c. Licen	se number	2	9d. Date signed	(Month, D	ay, Year)
	FSFÖ		W///		16.		D	29	71.9	2	6	196
	4	1	30. Nama and address of person who	empleted gauss of del	8th from 23() (1	ype, Print)	1/	- (	- / .		6	11
	\		31. Data filed (Month, Day, Year)	), ff /60	come u	)	51	6 w. 1	en Ilia	7 Rd	Tro	, /to.
	Sta Registr		FER O C 100C	1 4 1	9 A							

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State of Maryland / Department of Health and Mental Hygiene 96 02828

						Certifi	cate of	Death		Reg. No.	J U 6	020
	ysicia Medic		1. Decedant's Nama (First, Middla, Le	mIT	TE	N		JAN	2. Data of De Month	29 , ,1		ima of Death
	amin			HOSPITAL	CE	ENTER		Ab. City, Town, or BALTIMO	RE CIT	4c. County	n/a	
	neral ector		5. Social Security Number 219-07-1844  Usual Rasidance of Dacedant	Sex 7. Ag 1□M 2/CIXF	102		Under 1 Yaar onths Days	If Undar 24 Hrs Hours Min.		, 1893	9. Birthplace (S NORFOLK	, VA
Maryland a-f show	thed at	tor	10a. Stata 10b. County	/a	10c. City,	Town or Location	rimore					side City Limits Yas 2 □ No
th with the 23a or 28	ant be no	al Director	10e. Street and Number 216 ELIZABETH	STREET		10	Of. Zip Code	1227		10g Citizen of What County		
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene, Important: if Item 27 is marked other than "natural", or Hema 23a or 28a-f show	Examiner m	by Funeral	11. Marital Status  1 □ Nevar Married 2 □ Married  \$\T\Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? 1  Yas 2  1 If Yes, Giva Yaar or Datas:	Evar in U,S ło	ar in U,S.  13. Was Dacedant of Hispanic Origi if Yas, specify Cuban, Maxican,  1 □ Yas 🔊 Wo Specify:			Specify Yas or No to Rican, atc.)	14. Race Blac Specify:	e - Amaricen ind k, Whita, atc.	
Maryland 21215-0020 d 2 should be filed within 72 hours aft th and Mental Hyglene. 71s marked other than "natural", or 71s marked other than "natural", or	the Medical	Completed by	15. Decedant'a E (Specify only highast gn Elementary/Secondary (0-12) UNKNOWN	ducetion ada completed) College (1-4or 5	1		Usual Occup of work dona IOT usa retire	pation during most of wo d)	rking	16b. Kind of Business/Industry		ces
rland hilled Aental Hyp	tic event,	To Be C	17. Fathar's Nama (First, Middla, Last	)	<u> </u>				ama <i>(First, Middl</i> a, <i>Meide</i> n <i>Sur</i> nama) known			
, Maryla and 2 should leath and Meni 27 is marked	er trauma		19a. Informant's Name/Ralationship ( LEONARD DON			19b. Mailing Ac 1796	drass <i>(Street</i> BLACKW	and Number or R IDOWS	ORIVE, A	er, City or Town, TLANTA, G	Stata, Zip Coda) iA 3006	6-1955
Baltimore, bemit. Pages 1 at Department of Hear mportant: if Item 2	ury or oth										City or Town, St ARUNDEL	eta . CO., MI
Balt permit. Departr	any In		21. Signature of Funaral Sarvice Licer	nsee Otto			na and Addra	ARCH FH.	-1101 E	. NORTH	AVENU	JE
Physic	cian		23a. Part1. Entar tha disaase, or com shock, or haart failura. List only	plications that caused ona cause on each lin	tha daath. na.	Do not antar the	a moda of dyl	ng, such as cardia	c or raspiratory a	rrest,	Appro Intary Onse	oximata ral Batween I and Death
/Med Exami			Immediata Causa (Final diseasa or condition rasulting in death)	o		HER N					10	AY
betru	ansit	Medic	Sequentially list conditions	b. SEI	051	S as a consequence					10	AY
. Box 68760, death certificate be executed e attending physician and	as the bur		Sequantially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or injury their Initiated awants rasulting in death) Last	c		as a consaquanc						133
O. Box he death ce	hed for use	Physician/	Part II. Other significant conditions of		ıt not rasul	ting in tha undar	ying causa giv	van in Pert I.	23b. Did	tobacco use con	ntribute to the c	nuse of death?
G 1 5	be datac	by Ph							10	Yea 20 No	3 Probably	4 ☐ Unknown
(i) (ii)		Completed						· 	24a. Was perfo	an autopsy ormed?	24b. Were aut available completic of deeth?	prior to on of cause
= + 6	or, page		25. Was casa rafarred to medical		-			00 Pi/ P-	10		1 🗆 Yas	20 No
		To Be	examinar?	Hospital:	nt 2 🗆 E	R/Outpatiant 3	DOA Oth	200	ath <i>(Check only c</i> Ioma 5 ☐ Rasi	dence 6 ⊡Otha	ar (Specify)	
ing Phys	- I		27. Manyar of Death 1 ☑ Natural 5 ☐ Pending	28a. Deta of Injui (Month, Day		28b. Tima of Injury	28c. Inju	ry at rk?		how injury occurr		
D 5 5 5	od in by the funeral	Certification:	2 Accident invastigetio 3 Suicida 6 Could not b 4 Homicide	e one Diese of tel	ıry - At hon :. (Specify)	na, farm, atreat, f		Yes 2 No	28f. Location (Streat and Number or Rural Routa Nun City or Town, Stata)			a Number,
of the Hospital		edical	29a. Certifier 1 Certifying Ph (Check only 2 Medical Example)	ysician: To the best of ninar: On the basis of and manner sta	axaminatio	ledga, daath occi on and/or Invastig	urred at the tig atlon, in my o	ma, data and place	e, and dua to tha urred at the time,	causa(s) and ma date end plece, a	nnar as stated. and due to tha ca	ausa(s)
C. C. C. C. C. C. C. C. C. C. C. C. C. C	duloo									29d. Data signed	(Month, Day, Y	996
	/		30. Nama and address of parson who	complated ceusa of di	aath (Item :	23a) (Type, Print	R. H	DSPITAL	CENT	ER.	0	
	Stat		31. Data filed (Ment) Dev. 1996	July 32 Millet	r's St valu	fall.			,	-		



3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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McClintock 1996 10:45 a M January 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 705-05-2952 92 DAYS HOURS 1 M 2 X F VDS July 30. Maryland permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Asbury Methodist Home Gaithersburg Montgomery RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Maryland Gaithersburg Montgomery 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 211 Russell Avenue 20877 United States burial-transit within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: ВУ 3 Widowed 4 Divorced use as the White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Clerk 12 Railroad once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William **McClintock** Mary Harrison notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Donald G. McClintock 603 Floyd Street Blacksburg, Virginia 24060 2 20a. METHOO OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must funeral director, Greenmount Crematory 2/2 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND AODRESS OF FACILITY steven T. Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Maryland 21212 completely filled in by the the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or haart fallure. List only one cause on each line 6 **Onset and Death** IMMEDIATE CAUSE (Final cremation. DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) event. executed to burial, uncer traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immadista cause. Entar UNDERLYING attending physician ag Hygiene prior certificate CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in daeth) LAST 0 the atter Injury, PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE that shows any 1 YES NO DF DEATH? requires been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN I PHYSICIAN: Dept. 3W 23 certificate has b 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO Murating Home 5 Residence 8 Other (Specify) PHYSICIAN: the 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH SE INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 1 YES 2 NO L DIRECTOR, After the hours after death v BY 2 Accident ATTENDING 26e. PLACE OF INJURY — At he building, atc. (Specify) Number or Rural Route Number 3 Suicide 50 6 Could not be COMPLETED 200 4 Homicide Item 80 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL | = 2 MEDICAL EXAMINER: On the policy of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1 29d. DATE SIGNED (Month, Gay, Year) 29c. LICENSE NUMBER BE 1032 2 CO CAUSE OF OEATH (ITEM 27) (Type, Print) Elliot R. Goldstein, M.D. 211 Russell Avenue Gaithersburg, Maryland 20877 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 0 6 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 31 MCNAMARA JOSEPH 1996 7:00 P.M. JAN /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cardinal Shehan Center for the Aging Towson Baltimore County 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year) OCT. 16, 1914 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** Months Deys 1**X**M 2□ F 217-64-2100 81 Director Pennsy Ivania Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Medical Examiner must be notified at 1 ☐ Yes 2 No Maryland **Baltimore County** Towson Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 500 Chestnut Avenue 21204 Funeral U.S.A. permit. Peges 1 and 2 should be filed within 72 hours after dee. Department of Health and Mental Hygiene. Important: If fam 27 is marked other the any injury or other traumous. 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Spacify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus 1 X Never Married 2 ☐ Merried 1 ☐ Yes 2 X No If Yes, Give 1 ☐ Yes 2 X No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentery/Secondery (0-12) Collega (1-4or 5+) 5+ Religious/Priest Religious/Education 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) John. McNamara Mary 0'Nei11 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Fr.J. Gregory Quinn, S.J./ Representative Loyola High School, Blakefield 500 Chestrut Ave. Towson, MD. 20b. Piece of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Woodstock, Maryland Woodstock Cenetery FFB.4 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility Mitchell-Wiedefeld Home, Inc. 6500 York Road, Baltimore, Maryland 21212

Approximate mock, or haart feilure. List only ona ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediata Cause (Finel diseese or condition resulting in deeth) CHRONIC LUNG DISEASE Examiner Due to (or as a consequence of) Examiner physician and s the burial-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events. Due to (or as e consequence of): certificate be axed Box 68760 Physician/Medical thet initieted events resulting in deeth) Lest Due to (or as e consequence of): 88 980 Po P.0. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 8 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24s. Was an autopsy performed? peen page 2 certificata has 1El Yes 2ENo 1 ☐ Yes 2 ☐ No funeral director, 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 26. Place of Death (Check only one) Hospiy Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Mediatural 5 Pending 1 Yes 2 No 2 Accident investigation or Attend after death Director: / 3 Suicide 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of injury - At home, farm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital 24 hours a Fumeral C 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. with 2 29c Gense number 15504 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 96 2 30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print) EDDIE NAKHUDA, M.D. 2300 DULANEY VALLEY RD TOWSON, MD 21204 32. Registrenc Signeture 31. Date filled (Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE TOKETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE TOKETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be now writer 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

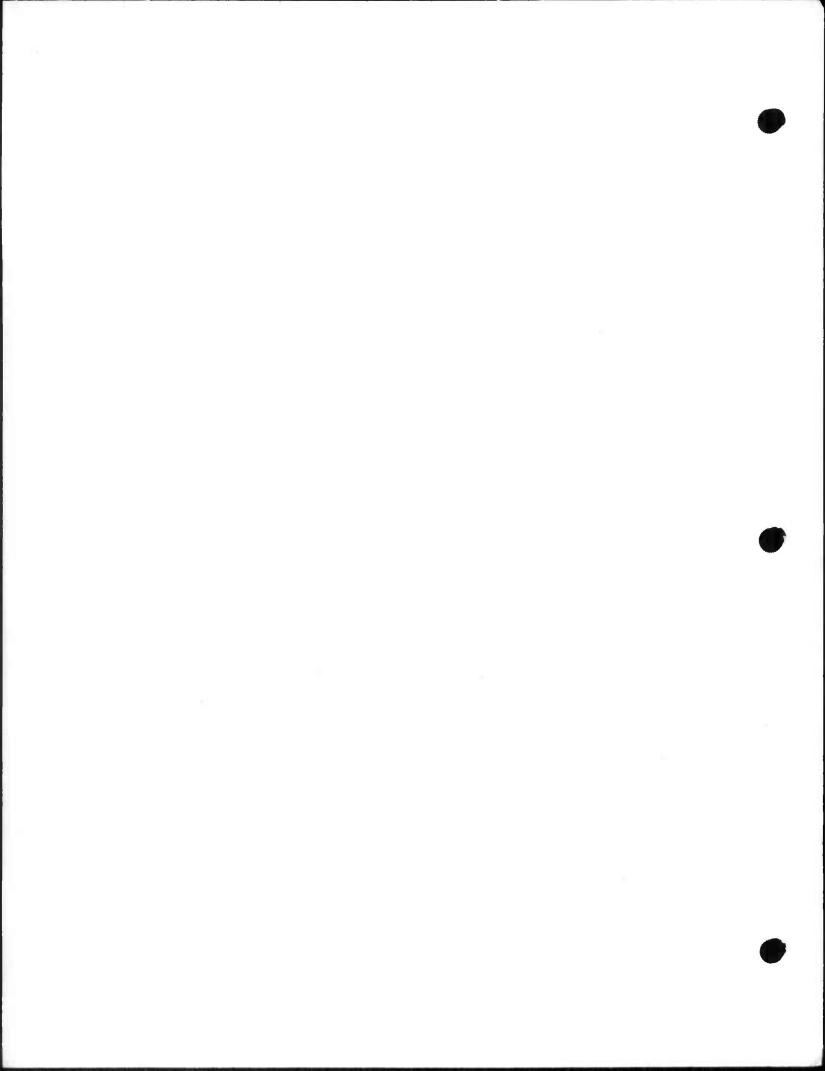
INPORTANT If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH													
	I DECEDENT S NAME (FIS),		garet Mat	thorra						2. DATE OF I	DEATH DA	y 1	1996	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		saret mat		rs. lest birthday	IE INDE	R 1 YEAR	or counce	1 24 HRS.	7. DATE OF E		) ]		12.10 1
	219-34-6841		1 🗆 M 2 🖰 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB 5	y, Year) 1 O C	76 1	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in	atitution also el		09		AL CIT	V 70401	OR LOCATI	011 07 01		, 190		Mary1	
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읝	RESIDENCE OF DEC		roau_			Sha	ırks	_				Ba	altim	ore
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. C	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland	Bal	ltimore					Spar	cks					LIMITS?
A	10e. STREET AND NUMBER				10f. ZIP CODE							10g. CIT	IZEN OF W	HAT COUNTRY?
<u> </u>	15006 Pricev	rille F	Road		21152								USA	
FUNERAL	11. MARITAL STATUS	articular of	12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN? (S	ORIGIN? (Specify Yea or No — 14. RACE — A			— American Indian, , White, atc.
BY	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE W							1, 016.)		Specif	White	
	**	EDENT'S EDUC	247/04/			<u> </u>						i		White
111	(Specify only		(Give kind o	work done	during mo	ON ost of working	ng	16b, KIN	D OF BUS	INESS/INI	DUSTRY			
2	Elementary/Secondary (0 12	) 1	Homemaker					000	m II.					
COMPLETED	17, FATHER'S NAME (First, Mi	ddle, Last)		,	пошеша	Ker		16 MOT	MED-6 NA	ME (First, Middle	n Ho			
	Evan T	homas	Matthews	2				10. MOT		Cora St		Surrieme)		
BE	19a. INFORMANT'S NAME (7)		TIGE CITEWA		19b, MAILIN	O ADDRES	S (Street )	nd Numbe		Poute Number, C		State 7/e	n Codel	
2	Jack I. Matt	hews												
	20a, METHOD OF DISPOSITI	ON	-	20b. PL		Quaker Bottom Rd. Sparks, MD 21152  DATE OF OISPOSITION (Name of OATE 20c. LOCATION — City or Town, State							wn. Stata	
	1   Burial 2   Cremation 3   Ramoval from State 4   Donation 5   Other (Specify)   Metro Crematory, Inc. 02/05/96   Baltimore, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DATE F MCDORA 1 22. NAME AND ADDRESS OF FACILITY													
	Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228													
	23. PART I. Enter the di	seases, or c	omplications the	t caused th	e death. Do	not enter	the mo	de of dy	ing, suci	h as cerdiac	or reapli	retory an	reat,	Approximate
	IMMEDIATE CAUSE (Fin		Liet Only One Cau	se on each	iline.									Interval Between Onset and Death
	disease or condition resulting in death)  a. IS CITC MIL IT CAT DISCASS.  OUE TO (OR AS A CONSEQUENCE OF):									İ				
	the state of the s													
2	Sequentially that conditions,  Our TO (OR AS A CONSEQUENCE OF):  D. Corushau Accident													
Ĕ	If any, leading to immediates. Enter UNDERLY!	nate .												
FI	CAUSE (Disease or Injur	y s	DUE TO	ICE C	HSEQUENCE	tion		-						
Ē	CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											j		
8			·											
MEDICAL CERTIFICATION	PART II. Other algnificer					In the ur	nderlyln	g cause	given in	Part I. 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS
8	CHIONIC	China	-S TARC	T IN-	GCTION					10	YES 2			COMPLETION OF CAUSE OF DEATH?
¥										_				1 YES 2 NO
ž	DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE OF D	DEATH Y	ES 🗌	NO [	] UNC	ERTAIN	1 🗆				
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26.	PLACE OF DE	OTHE								
PHYSICIAN:	1 TYES 2X NO		1   Inpatient 2	ER/Outpatie	nt 3 🗆 DOA			6 5 XR	aldence	6 Other (Spi	ecity)			
F	27. MANNER OF DEATH	in dia	28e. DATE OF (Month, De		28b, T(	ME OF JURY	26c. INJ WO	URY AT		28d. DESCRIE	BE HOW IN	JURY OC	CURED	
₽		Pending restigation				М		YES 2	NO					
		Could not be	26a. PLACE Of building,	F INJURY — / etc. (Specify)	At home, farm,	street, fac	tory, offic			281. LOCATION City or Tox	N (Street al	nd Number	or Aural Ac	oute Number,
COMPLETED			CIAN: To the best of											
Į į	2 MEOI	CAL EXAMINER	R: On the basis of ex	camination an	d/or investigat	on, in my o	opinion, d	eath occur	ed at the	time, data and	place, and	due to th	e cause(s)	and menner as stated.
BE 0	296. SIGNATURE AND TITLE	/	A -					29c. LICI	ENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
10	govert 9		aclegiele	el M	P			D:	3300	11		► E	eb.	05, 1996
-	30. NAME AND ADDRESS OF						^							
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	FEB 0 6 19	96	32) REGISTRA	R'S IGNATUI	DE.									



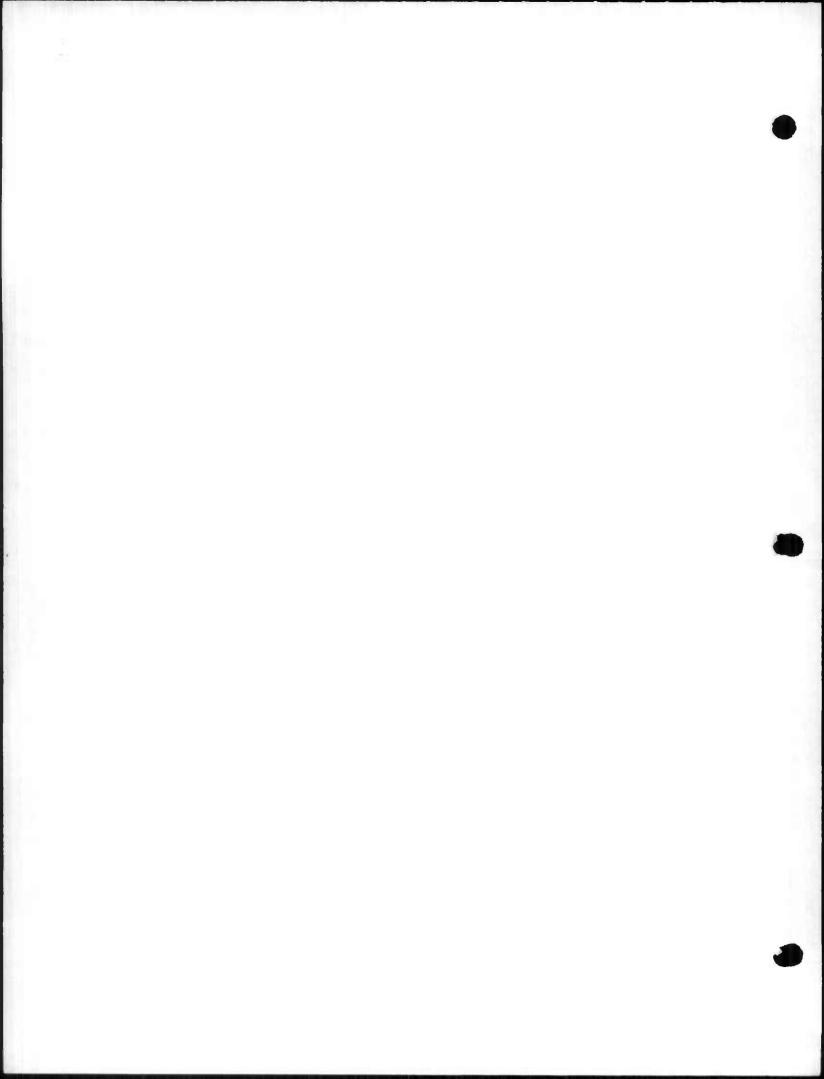


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NG PHYSICIAN. The law requires that the death certificate be executed within Nurs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hit he State Deot. of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the be laid within 22 hours after death with the State Deot, or Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
First Middle Last)		2 DATE O	E DEATH

	FOR STATE REGISTRAR	TATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGII					
	DECEDENT'S NAME (First, Middle, Lest)		02.1111			2. DATE OF DEATH			3. TIME OF OEATH		
į	John G.		Macco			Feb.4,	1996	YEAR	0640 M		
		SEX 6. AGE (	n yrs. lest birthday)	IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	054-09-9667 ×	M 2   F 76	YRS.	MONTHS DAY	HOURS MIN.	Sep. 23,	1919	Counti	York		
TOR	North Arundel Ho				Burnie	ZAIN			rundel		
DIRECTOR	10e. STATE ND Anne A	rundel		y, town on Lo ofton	CATION				10d. INSIDE CITY UMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 1790 Rochester S	treet			101. ZIP CODE 21114			10g. CITIZEN OF WHAT COUNTRY? USA			
BY FUNERAL	11. MARITAL STATUS 12.  1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1. YES IF YES, GIVE WAR OR DA	2 NO	13. WAS If you 1	Yee or No-	or No- 14 RACE — American Indian, Black, White, etc.  Specify: White					
COMPLETED	15. OECEDENT'S EDUCATING (Specify only highest grade communication of th	ON	16a. DECEDENT'S	work done during	ATION most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY			
7		4	Mechan	ical	Engineer	US Go	vern	nent	VID		
S O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Mai	den Surname)				
	Joseph Macco				Lucy	DeRosa					
BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Str	et end Number of Rura	I Route Number, City or	Town, State, 2	(ip Code)			
2	Jean I. Macco		1790	Roche	ster str	ceet, Cr	oftor	n, M	D 21114		
	20a. METHOD OF OISPOSITION 1	from State	place of dispo		cemetery, cremetory or	- //	LOCATION -				
	21. SIGNATURE OF FUNDINAL SERVISE LICENS			22. NAM	AND ADDRESS OF F	ACILITY					
	· Dalat /	(hl][(				neral H Ave. An					
	23. PART I. Enter the diseeses, or com ahock, or heart fallure. Liet			not enter the	mode of dying, su	ch as cardlec or re	apiratory a	rrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. VENTRICULAR TACKY CARI)  1 HOUR										
	PUE TO (OR AS A CONSEQUENCE OF):  ACUTE MYOCARDIAL INFARCTION 2 HOURS										
ATION	equentially list conditions, any, leading to immediate suse. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	CON	1000	12			20 /EARS		
E	d	1/16		770.0							
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to death b	ut not reaulting	In the under	ying cause given i	PER	S AN AUTOPS' FORMED?	Y 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
×									1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				BI ACE OF OCAT'	Shark and a si					
₫	EXAMINER?	OSPITAL:		OTHER:	. PLACE OF OEATH (0						
₹	1 YES 2 NO 1	Inpatient 2 ER/Outp	atient 3 DOA		iome 5 - Reeldence	8 Other (Specify) 28d. DESCRIBE HO	W IN HIEV O	CCLIBED			
ВУ Р	1 Maturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	JURY	WORK?	28d. DESCHIBE HO	JW INJUNY O	CCOREO			
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec						set and Number or Rural Route Number, sate)			
3 Suices 4 City or Rown, Stete)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner											
									e) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	UMBER /	29d. D/	ATE SIGNE	D (Month, Day, Year)		
TO BE	Marion K Son	OMPLETED CAUSE OF DE	ATM (ITEM AT) ("-	a Delett	D005	574	Þ	EB	5, 1996		
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FEB 0 6 1996											



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/Medi				INTTENI				- 1555		FEBRUAR			10:44 AM		
Examlı	ner	4e. Fecility Neme (If not i						46	. City, Town, or I	ocation of Deeth	4c. County	of Death			
		NORTHWEST					W11 1 2 1		RANDALL			and the second second second			
Funeral		5. Sociel Security Number		ex 7 □M 2√2 F	Age (In yrs. le		if Under 1 \ Months D	Yeer Deys	if Under 24 Hrs. Houre Min.	8. Dete of Birt (Month, Da	h y. Year)	9. Birthpiec	e (Stete or Foreign		
Director		207228612			66	Yrs.				JAN. 31	, 1930				
		Usuel Residence of Dece 10a. Stete 10b.	County		10c City	, Town or Loc	ation					104	Innida City I imita		
a H	2		LTIMORI	P.	100. Ony			c							
1 1	Director		DI THOM	<u>.</u>		OWINGS	T								
8 8	- To	10e. Street end Number			10f. Zip Code						10g. Citizen of What Country?				
2 H		7 STON	EMARK (	CT #8			21117				US	SA			
ni', or items 23a or 26a-f shov Examiner must be notified at	Funeral	11. Meritei Status		12. Wes Deceder Armed Force	nt Ever in U,S s?	S. 13. W	es Decedent Yes, specify	t of His	penic Origin? (Sp., Mexicen, Puert	pecify Yes or No-	Decify Yes or No-				
2 8		1 Never Merried		1 ☐ Yes 2X If Yes, Give	χνο		□Yes 2√		Specify:						
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A SE	Completed	15. E	ecedent's Ed	lucetion de completed)		16e. Decede	ent's Usuei O	ocupet	ion	kina	Deeth 4c. Country of Death  BALTIMORE  of Birth, Day, Year)  31, 1930  PENNSYLVANI  10d. inside City Limi 1 Yes 2 No  PENNSYLVANI  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  10d. inside City Limi 1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No  1 Yes 2 No				
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A de la	Be	17. Fether'a Neme (First,	Middle, Last)						18. Mother's Nen	ne (First, Middle,					
Dic e	TOE	N/A			LANGHA	M			TRESA		N	N/A			
is mai		19e Informant's Name/Relationship (Type Print)										Stete, Zip Co	ode)		
em 27 is ather tra		SHIRLEY	A . AI.DI	FRSON	UGHTER										
# di	SHIRLEY A. ALDERSON 7 STONEMARK ( 20e. Method of Disposition 20b. Place of Disposition (Name of														
= 5		1 ☑ Buriei 2 ☐ Cre	metion 3 🗆		e ce	metery, crem	etory or othe	r plece			Loo. Loodion				
ortant: injury &		4 Donetion 5 0			GAR	DENS O				2/6/96	BALTIMORE, MD				
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		23a. Pert 7. Enfer the dis- shock, or heart feilu	eese, or comp	olications thet caus	ed the deeth.	. Do not ente					rest,	A	oproximate		
ing physician and e as the burial-transit	Medical Examiner	disease or condition resulting in deeth)  Sequentielly list condition it eny, leading to immedicause. Enter Underlying Cause (Disease or injury thet initieted events resulting in deeth) Last	ns, ete	c	Due to (or	es e consequi es e consequi es e consequi	ence of):	£ F	PULMON	ary C	11stas-	€			
for use	Physician/			d											
ed by the a detached f	sic	Pert II. Other significant	conditione co	ontributing to death	but not resui	ting in the und	derlying ceus	e giver	n in Pert I.	23b. Did 1	obacco use co	ntribute to th	e cause of death?		
tach	h,									10	res 2□ No	Probab	ely 4 Unknown		
be del	by														
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shoul	Completed									perio	illeor	comp	letion of cause		
ate has page 2	Ĕ									400	ACT.				
certificate nector, pag		OF Monage referred to									/ \	1 1 1	es 2 No		
Dell	Be C	25. Was case referred to examiner?		Hospitel:				Other	26. Plece of Dee						
9 9	2	1 Yes 2 SoNo		1 Linpa		R/Outpatient	3□ DOA		4 Li Nursing H						
in the	on	27. Menner of Death	Pending	28e. Dete of In (Month, E	lay Year)	28b. Time of Injury		Work?		28d. Describe r	low injury occur	red			
8	cat	2 Accident	investigetion				М	1 🗆 Y	es 2 No						
E	Certification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Couid not be determined	286. Piece of I	njury - At honetc. (Specify)		et, fectory, of	ffice				per or Rural R	oute Number,		
, P	Ce														
1	Sai	29e. Certifier	ertifying Phy	sician: To the bes	t of my know	ledge, deeth d	occurred et th	he time	, dete end pleca	and due to the	ause(s) and ma	nner as etate	d.		
	edicai	(Check only 2 N	iedical Exam	Iner: On the basis end menner	or examinetic steted.	on end/or inve	stigetion, in	my opi	nion, deeth occur	rred at the time,	date and place,	and due to the	e cause(s)		
TO TO	Σ	29b. Signeture end title of	certifier				29c. Li	icense	number		29d. Dete algne	d (Month, De	y, Year)		
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V				completed ceuse of	death (ttem:	23e) (Type, P	rint)		LAKLA	540.	OLO	LUURS	KUAD		
v		CLITTURD FFI	BER, N	NV!	LIMME	57 11/3	r))ril		TIBIL	KANDA	MALSTER	, MAR	YLAND		
Sta	te	31. Dete filed (Month, De	QQG	John Shue	Trair sa train a										

v Sahama – sahal 54 4 2m1 = 22 s we are 43cm a per more 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mater that the peach certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has be an attending physician and completely filled in by the funeral director, page 5 should be detached for		once.
e retained by	e 5 should be		notified at
Page 6 may b	director, pag		ner must be
after death.	by the funera	emoval.	lical examir
rithm 24 hours	letely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
w executed w	an and comp	r to burial, cr	umatic eve
th certificate t	ending physici	Hygiene prio	or other tra
me my hear	at at	th and Menta	any Injury,
a law me	has been 25	Dept. of Heal	23 shows
IYSICIAN: Th	is certificate	ith the State	ed, or item
TENDING PH	TOR: After thi	after death w	28 Is mark
SPITAL OR AT	IERAL DIREC	in 72 hours	IT: If item
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I			YGIENE EG. NO.				
	1. DECEDENT'S NAME (FIV Anna Rita M	lajchrzak				2. DATE OF E	DAY	YEAR 96	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5		(In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	25, 1909	8. BIRTI Count	HPLACE (State or Foreign		
JR.	9a. FACILITY NAME ( ** 1/2 Not give 190				or Location of Di Limore (	EATH	9c. C	OUNTY OF D	_		
CTC	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			Y, TOWN OR LOCA				11/11	104 INCIDE CITY		
DIRECTOR	Maryland N/A			ltimore	City				10d. INSIDE CITY LIMITS? 1 T YES 2 NO		
RA	5855 Benton Height	a Arronno		10	21206	10g. 0	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL		2. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DE	U.S.Z 14. RAC Black Speci	E — American Indian, k, While, stc.					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m	ON ost of working	36b. KIN	D OF BUSINESS	INDUSTRY			
1PL	9th Grade	Conege (1-4 or 5 +)	Sales			Depa	rtment	Store			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden Surnam	e)			
BE (	Stanislaus Unknown	Slowikowsk	ci		Maryanr	na NMN	Damesyn	1			
5	19e. INFORMANT'S NAME (Type/Print)	L-			and Number or Rural						
	Mary Patricia Frat			Benton Heights Avenue, Baltimore, Maryland 21							
	20a. METHOD OF DISPOSITION  XO Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Specify)  20c. LOCATION — City or Town, State 20c. LOCATION — Cit										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  John C. Miller, Inc.  6415 Belair Road, Baltimore, Maryland 21206										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. CAUSE (Disease or injury that initiated events resulting in death) LAST								Approximate Interval Between Onset and Death  2 years  6 days  7 years  6 days		
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions of	trak P.	estral ca	petera	Pund	10	NAS AN AUTOP PERFORMED? YES 2 00		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
AN	DID TOBACCO USE CONTRII	BUTE TO CAUSE (	26. PLACE OF DEA			NE					
2	EXAMINER?	IOSPITAL:	tostient 3 🗆 DOA	OTHER:	ne 5 🗆 Realdence	a Dohan /Pa	and Male	-			
H	27. MANNED OF DEATH	26e. DATE OF INJURY	28b. TIM	E OF 2ac. IN	JURY AT		BE HOW INJURY	OCCURED			
ВУ Р	Natural 5 Pending	(Month, Day, Year)	INJ		ORK? YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spo	IY — At home, farm, ecily)	straet, fectory, offi	90		ON (Street and Number, State)	et and Number or Rural Route Number, te)			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								(a) and manner as stated.		
BE	29b. SIGNATURE AND WHILE SECURIFIER	W	D	29c. LICENSE NUMBER AT 2438946					29d. DATE SIGNED (Month, Day, Year)  February 5,96		
0	30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) [Type, Print)  HASSON NOLVEY 201 EUNIV. PKWY. Baltimore 21218										
	31. DATE FILED (Month, Day, Year)  FFR 0 6 1996  Filed discussion Randelle										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 10c, PER F.H. FILM State of Maryland / Department of Health and Mental Hygiene G-732 2/6/96 t.t Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** Karim Norris 19 1996 0614 am /Medical 0.1 4b. City, Town, or Location of Deeth 4e. Fecility Name (If not institution, give street and number) 4c. County of Death **Examiner** 1400 Block Lafayette Avenue Baltimore H Under 24 Hrs. 8. Dete Hours Min. (Mon If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) **Funeral** 10XM 2□ F Days Apr. 23, 1970 New York 25 Yrs. Director UNENDUN Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f sho traumatic event, the Medical Exominer must be notified at 1 Syes 2 No 0 BROOKLYN Directo New York Brroklyn 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? 50 Vandalia Avenue 11239 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, apecify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status filed within 72 hours efter 1 ☐ Yes 2 XNo If Yes, Give Year or Detes: 1 X Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'a Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Youth Counselor 1sycholog 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be 1 nent of Health end Mental I int: If Rem 27 Is merked of Roosevelt Norris Dorrette Coleman 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Dorette Norris 50 Vandalia Avenue, Brooklyn, N.Y. 11239 other 1 20b. Place of Disposition (Name of cemetery, cremetory or other p stup out bate 20a. Method of Disposition 20c. Location - City or Town, State 12 Burial 2 Cremation 3 Removal from State ò Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22 Name and Address of Facility
March Funeral Home Esat 1101 E. North Avenue, Baltimore, MD 21202 seath. Do not enter the mode of dying, such as cardiec or respiratory arrest, Part 1. Enjar the disease, of complications that caused the shock, or heart failure. List only one ceuse on each inc. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Gunshot wound of head and left wrist diseese or condition resulting In death) Examiner Due to (or es e consequence of) Examiner The lew requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last bunel-tren Bud Due to (or as a consequence of) physician Physician/Medical the Due to (or as a consequence of) USB 88 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to 24e. Was an autopsy performed? completion of ceuse of death? 1 Yes 2 No certificate Attending Physician: 25. Was cese referred to medical director 8 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA 10 Yes 2 No this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After Injury 5 Pending Investigation 1 Natural I or Attendin efter deeth. Director: Af 19 96 1 Yes 2 No foundA M Subject shot 2 ☐ Accident the 3 ☐ Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. *(Specify)*Street 4D Homicide in by Funeral Di 1400 Blk Lafayette, Balto 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as atated. Medical Madical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. To the 29b. Signatu e and title of certifie 29c. License number 29d. Date aigned (Month, Dey, Year)

O.C.M.E.

January 19, 1996

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

21215-0020

Maryland

Baltimore.

Box 68760.

P.0.

Records,

Division of Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 2836

				Otato of W	•	Certificate of			Reg. No.			
			1. Decedent's Name (First, Middle, Li	ast)				2. Date of De	ath		3. Time of Death	
	Physic		MORRIS		(	OSTROW	Month FEBRUA	Day RY 1,199	Year 26	10.45		
	/Medi Exami		4a. Facility Name (If not Institution, gi	ve street end number	)		4b. City, Town, o	r Location of Death			10:45pm	
	LAGIIII	liči	PIKESVILLE NURSIN	IC HOME	HOME			VILLE	,		TMODE	
	Comment	_			ge (In yrs. lest birt	hday) if Under 1 Ye			h		IMORE	
	Funeral Director			1 DM 2DE		rs. Months Day		n. (Month, De	8,1917	MAR.	Birthpiace (State or Foreign Country) ARYLAND	
	Mand Mand		10e. Stete 10b. County		10c. City, Towr	or Location				1	10d. Inside City Limits	
	he Men teafsh	Director		PIMORE			IMORE				1 ☐ Yes 2 No	
	23a or 2		10e. Street and Number 2817 MARNAT ROAD			10f. Zip Code	21209	9	10g. Citizen of \	ntry?		
20	filed within 72 hours efter death with the Meryland Hygiena. ther than "natural", or items 23a or 28a-f show ther than Medical Examinat must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married	12. Wes Decedent Armed Forces  1 🌣 Yes 2 🗆 It Yes, Give	No WWII	13. Was Decedent of It Yes, specify C		(Specify Yes or No into Rican, etc.)	14. Rac Blac Specify	ck, White,		
21215-0020	natural',		3 □ Widowed 4 □ Divorced	Yeer or Dates:		X			100 100 1 100		WHITE	
2	n 72	Completed	15. Decedent's E (Specify only highest gr	ade completed)	18a.	Decedent's Usual Occ (Give kind of work do: life. DO NOT use ret	ne during most of w	orking	16b. Kind of B	usiness/in	dustry	
7	within then	d L	Elementary/Secondery (0-12)	College (1-4or	5+)							
	filed within Hygiena. ther then out, the Man		12			TRAFFIC MA				CKIN	3	
Sur C	should be filed nd Mental Hygi marked other imatic event, I	Be	17. Father's Name (First, Middle, Las	,			18. Mother's N	ame (First, Middle,	Maiden Suman	10)		
<u>×</u>	should and Men marke umatic	2	BENJA	AMIN	OS	TROW		MARY		ROLO	FF	
Maryland	2 should be and Mental is marked o		19a. Intormant's Name/Reletionship	(Type, Print)	19b.	Meiling Address (Stre	et and Number or I	r or Rural Route Number, City or Town, State, Zip Code)				
	1 end 2 Health em 27 i		MRS. SADIE OSTRO	W (WIFE)		2817 MARNA	AT ROAD	BALTIMOF	RE, MD 2	21209		
Baltimore,	S 0 7 7		20a. Method of Disposition  1 Purial 2 Cremation 3 [ 4 Donation 5 Other (Speci		cemeter	Disposition (Name of y, crematory or other p W YOUNG ME		Dete 2-5-1996	20c. Location -			
	그는무를		21. Signety for Funeral Service Life		7	22. Neme end Add		5 1330	2.1212		_	
m	Department of the population o		Multit	//			NSON & BR	OS. TNC				
_	925		1/VUCIONA	min	-	6010 REIS	STERSTOWN	ROAD BAI	TIMORE.	MD	21215	
			23a. Pert f. Enter the disease of conshock, or heart tailure. List only	plications that cause	d the death. Do n	ot enter the mode of o	lying, such as cardi	ac or respiratory e	rest,		Approximate Interval Between	
8	Physician									1	Onset and Death	
61	/Medical		immediate Cause (Final disease or condition a. END STAGE CONGESTIVE ITEAST FAILURE									
	Examiner		resulting In death)	a. EIYU SII			HEARIT	AILUKE			4 WEEKS	
		ē	Due to (or es a consequence of):									
	per use	Examiner	b							i		
	end	Xai	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events		Due to (or as a c	onsequence of):						
2	clan buris		cause. Enter Underlying Cause (Diseese or injury	C						į		
68760,	ificate be executed g physician end as the burial-transit	edical	thet initieted events resulting in deeth) Lest		Due to (or es e c	onsequence of):						
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ROX	endi r use	any		d						1		
	tha deeth cer y the attendir ached for use	Physician/M	Pert II. Other significant conditions of	contributing to death I	out not resuiting in	the underlying cause	given in Part I.	23b. Did 1	obacco una co	ntribute to	o the cause of death'	
5	res that tha de signed by the a libe detached (	h y				1 Yes 2 No 3 Probabl				/		
	the de	by P	CORONARY A	RTERY	DISEAS	5		_   '''	108 21110	00	DECTY VE CITATION	
or Vital Records,	The faw requires that ata hes been signed b page 2 should be dete	q p						24a Was	an autopsy	24b. W	ere autopsy findings	
Ŏ.	v require been signated should b	Completed						perfo	rmed?	av co	ailable prior to empletion of cause	
ě	hes law	ldu								of	death?	
		S						101	es 2 No	1[	☐ Yes 2☐ No	
15	Attending Physician: The death. sctor: After this certificata by the funeral director, pag	Be	25. Was case referred to medical examiner?				26. Place of D	eath (Check only o	ne)			
>	yalo is ce dire	0	1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpati	ent 2 ER/Out	patient 3 DOA	Other: 4 Nursing	Home 5 ☐ Resid	tence 6 00th	er (Specif	5/)	
0	Ph eral		27. Menner of Death	28a. Date of Inju	ury 28b. T				now Injury occur			
DIVISION	of or Attending P safer death.  Director: After the in by the funeral in by the funeral in the f	Certification:	1 Matural 5 ☐ Pending 2 ☐ Accident Investigatio		ty rear) II		Yes 2 No					
2	or Attendii after death. Director: A d in by the fu	fice	3 ☐ Suicide 6 ☐ Could not b		iury - At home, far	m, street, factory, offic	:A	28f. Location (5	Street and Numb	er or Ruri	al Route Number,	
$\leq$	or lo	T	4 ☐ Homicide determined	building, e	c. (Specify)	in onoon idolory, once		City or Tov	vn, State)			
_	urs Lari Jiled	ပို										
	4 ho	edical	(Uneck only 2   Medical Exar	ysician: To the best niner: On the basis o	ot my knowledge, of examination and	death occurred et the Vor investigation, in m	time, dete and plac y opinion, death oc	ce, and due to the curred at the time.	cause(s) and ma date and place.	and due to	tated. o the cause(s)	
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th	8	one)	and manner st	ated.							
	To To	Σ	29b. Signature and title of certifier	0	)		nse number		29d. Dete signe			
			Nellyonsk V	frene H	ierce.	PO D	4593	1	Feb 2	, 190	76	
,			30 Name and address of person who	completed cause of	death (Item 23a) (							
			Market and the second s	RENE Pi	ا (فورع النصال النسوي	Type, Print) 7220 PA	K Hosin	4 pm	Both.	13	71708	
	30	-	31. Date tiled (Month, Dey, Year)	22 Parin	rara Sinnatura	1200 TAI	a) riagn	13/1/6.	DHID.	14)	21200	
	Sta Registr		FEB 0 6 1996 9	Ilia 32. Registr	Martel							
	Mark Street		1 60 0 0 1000									

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					State	OT IVI	-		rtment of tificate of	Health and Death	mental Hy	/giene	16	02831		
	Physici	an	1. Decedent's Name Alexandra			S					2. Date of D _Month	Day	Year	3. Tima of Death		
7	/Medic	cal								4b. City, Town, or	Janua			4:10 AM		
	Examir	ier	4a. Facility Nama (If not institution, give street and number) 410 S. Collington Ave							Baltimor						
	Funeral Director				. Sex 1 □ M 2 13€F	Sex 7. Age (In yrs. last birthday			If Under 1 Yaa Months Days		8. Data of Bi (Month, D March	irth Year) 3,1948	9. Birthp Coun Gern	lace (State or Foreign try) nany		
	pug *			Usual Rasidance of Decedent  10a. State 10b. County 10c. City, Town or Location		cation	10d. Inside City Lim									
	Manyli -f sho	tor	MD		more Ci	ty	-		ore City	y	1  Yes 2  No					
	th with tha 23a or 28a	al Director	10e. Street and Number 410 S. C		on Ave	on Ave 101. Zip Co. 212				l		10g. Citizen of USA	10g. Citizen of What Country? USA			
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mentel Hygians. If Health and Mentel Hygians. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examerer must be notified at	by Funeral	11. Marital Status  1 Never Marrier  3 Widowed 4		12. Was De Armed F 1 1 Yas if Yes, G Year or	Forces? 2₽1 Sive		if	Vas Decedent of Yes, specify Cul ☐ Yes 2 No	Hispanic Origin? (Span, Maxican, Pue	Specify Yas or N nto Rican, etc.)		ca - Amaric ick, Whita, Whi 'y:	etc.		
5-0	72 ho	eted		15. Decedant's y only highest of	Education grade completed	de completed) (Giva kind of				a during most of wo	orking	16b. Kind of E	lusiness/inc	Juatry		
121	withlin ana. than	Completed	Elementary/Second	dary (0-12)	Coilege	Coilege (1-4or 5+) Hospital					or	Johns H	lopkin	ns Hospital		
Mar	id be filed ental Hygi ked other ic event, the	To Be Co	17. Father's Name (F John								a, Maiden Surnai					
	aith and 27 is m	1	19a. Informant's Name/Relationship (Type, Print) Kathline Olds							Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Collington Ave, Baltimore, MD 21231						
altimore,			20a. Method of Dispo 1 Burial 2 D 4 Donation 5	Cremation 3		(Ramoval from State v)  20b. Place of Disposition (Name cematary, crematory or othe St. Michaels C					Date 2/3/96	20c. Location Dundalk		wn, State		
Balt	permit. Page Department ( Important: If eny injury or		21. Signature of Fund	Charlt						ess of Facility n Funeral stern Ave		more MD	21231			
	Physiclan /Medical Examiner	er	23a. Part1. Enter the shock, or heart Immediate Cause (F disease or condition resulting in death)							and all				Approximate interval Between Onset and Death		
58760,	icate be executed physician and s the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediata cause. Enter Undarlying Cause (Disease or injury that initiated events  Dua to (or as a consequence of):											140		
Box 68	death certificate e attanding phy ed for usa as the	90	rasulting in death) Last													
P.O.	0 0 %	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.							23b. Did tobecco use contribute to the cause of death?  1 Yes 2 No 3 Probably 4 Unknown						
Records,	aw requi	Completed by									24a. Wa	s an autopsy formed?	ava	are autopsy findings allable prior to mpletion of ceuse daath?		
	The ata h	Соп									10	Yes 2 No	10	Yes 2□ No		
N N	iclan: The cartificata rector, pag	Be	25. Was cesa raferre axaminer?		Hospital:				_ 0	har	eath (Check only					
ō	क के क	1: To	1 ☐ Yes 2 N 27. Mannar of Death	0	28a. Date	Inpatie	y. 28b. 7	Tima of	3□ DOA 28c. inju	4 Li Nursing		idence 8 Dot how injury occu		0		
ion	thending F death. ctor: After the funer	atio	A Naturai 2 ☐ Accident	5 Pending Investigat		nth, Day	Year) in	njury		ork? Yas 2 No						
Division of Vital	ns after de	Certification:	3 Suicida 8 Could not be determined 28a. Place of injury - At home, farm, street, factory, office building, etc. (Specify)							)		(Street and Num own, State)	ber or Rura	/ Route Number,		
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fr	edical	29a. Certifier 1 (Check only 2 one) 2	Certifying F	aminer: On the	a best of basis of nner sta	examination and	, death d/or inv	occurred at tha t astigation, in my	ima, data and piac opinion, death occ	e, and due to the urred at the tima	e cause(s) and m	annar ss st snd due to	ated. tha causa(s)		
D	To To To To To To To To To To To To To T	Σ	29b. Signatura and tit	nd S	there	es	m-att	tende	29c. Licar	7 20 7		29d. Data signo	ed (Month,	31[96		
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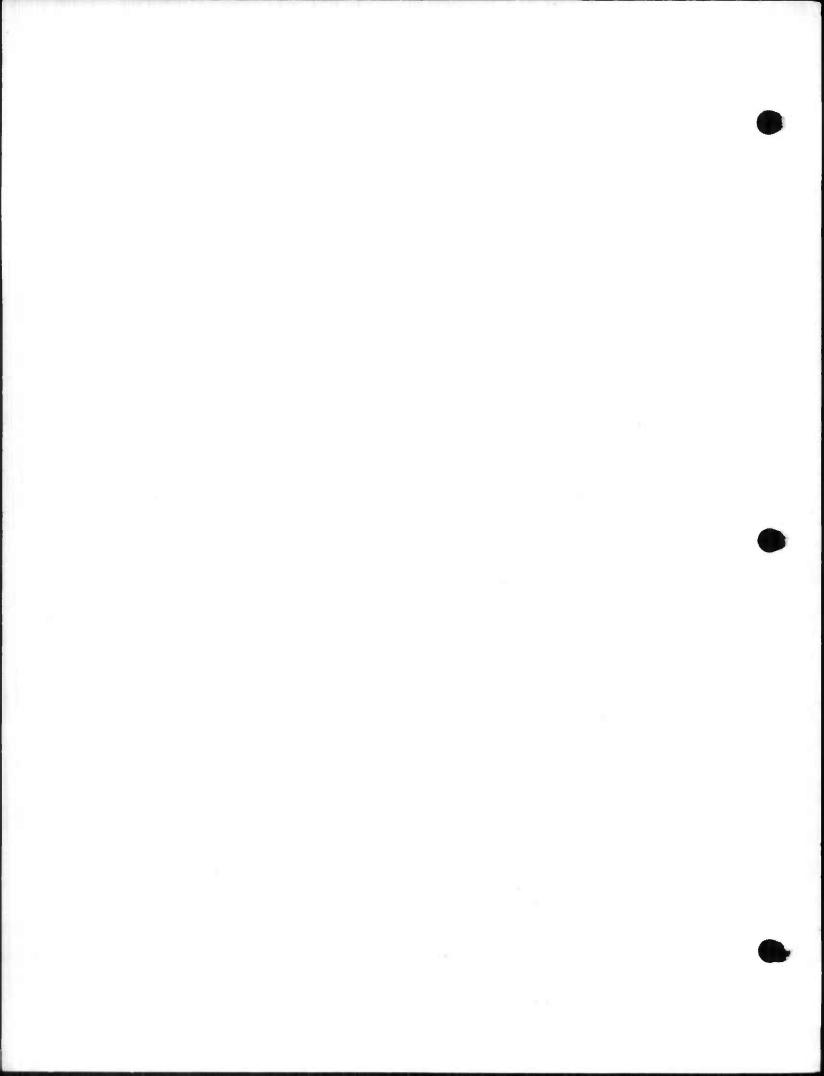
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM				IENE NO.				
	William	vd bergh		sbor	v-e	2. DATE OF DEA MONTH	31 9	SEAR 1600 M			
	4. SOCIAL SECURITY NUMBER  241-34-2301  90. FACILITY NAME (If not institution, give street e	M 2 0 F 68	YRS. MO	OTTY TOWN O	HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye	7, 28 N	BIRTNPLACE (State or Foreign Country) Orth Carolina			
CTOR	171 LEES	LANC		Edg	ewA		Sc. COUNT	7 A			
DIREC		rundel	Edgew	ater	ON		10d. INSID LIMITS 1 KYES				
FUNERAL	171 Lees Drive				O 3 7		USA	N OF WHAT COUNTRY?			
₽	1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 F F YES, GIVE WAR OR DATES			NIC ORIGIN? (Speci in, Puerto Rican, et y:		4. RACE — American Indien, Black, Whita, atc. Specify: White				
PLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compile Elementary/Secondary (0-12) Col. 1.2	leted)	DECEDENT'S USU (Give kind of work life. Do NOT use red (laster	done during mos ired.)	t of working	16b. KIND 0	Newspaper				
TO BE COMPL	17. FATNER'S NAME (First, Middle, Last) Jesse Lee Osborr	elden Surname)									
10	MECHANICA NAME (T C.)										
D 15.0	20a. METNOD OF DISPOSITION  1 % Burlel 2 Cremation 3 Removel from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery)  Cate of Heaven Cemetery 9/9 Silver Spri										
ехашие	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MI										
event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate the mode of dying, such as cardiac or respiratory arrest, interval Better than the cause of the cause of the cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
ERTIFICATION	disease or condition resulting in death)  a.   Cute Cardiac Failure  a.   Cute Cardiac Failure  Due to (or as a consequence of):  **Teriosclerotic Heart Disease  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
AL M	PART II. Other significant conditions con D14 betes	ntributing to death but no	ot resulting in the	PE	AS AN AUTOPSY ERFORMED? ES 2 NAO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
2	DID TOBACCO USE CON	NTRIBUTE TO CA	USE OF D		ES NC			1   YES 2   NO			
PHYSICIAN:	EXAMINER?  1 X YES 2 NO 1	SPITAL: Inpetient 2 ER/Outpetient		HER:	S Residence	8 Other (Specifi	0				
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d. DE\$CRIBE I	IOW INJURY OCCU	RED			
TED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, stree	t, lactory, office		281. LOCATION (S City or Town,		Rural Route Number,			
MPURIANI: IT ITEM 2 D BE COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge, the basis of examination endi-									
TO BE	29b. PIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHO COM	Jos, mo	Dep	uty	29c. LICENSE NUI		29d, DATE 5	SIGNITO (Morth, Day/Year)  31/94			
	31. DATE FILED (Morth, Day, Year)	Jones, M	40	695	- Am	erica	21	035			
	55000000	Dhudson Rodell						DHMH-16 Rev 1//			





Box 68760, Division of Vital Records, P.O.

Certification: 24 hours after death 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 - Homicide Hospital 29e. Certifier 112 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date end plecs, end due to the cause(s) end manner es steted. Medical (Check only one) 2 Madical Examiner: On the besis of examination end/or investigetion, in my opinion, death occurred at the time, dete and placa, and due to the cause(s) end menner steted. within 2 29b. Signeture end title of cartifie 29c. License number 29d. Dete signed (Month, Dey, Year) D459 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) eboras 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State ali Studior Rand Registrar

DHMH 16 Rav 6/95

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	1. Decedent's Nen	no (Eight 18:44)	l oct)			Certi	ificate of	Death	1	2. Date of De	Reg. No.		-	2 Time (2)
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al	4a. Facility Name							4h City To	own orl	02 - ocation of Death	03 -	1996 ounty of D		8:53
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	5. Social Security		. Sex	7. Age (In yrs	s. last birt	last birthday) If Undar 1 Yaar			24 Hrs.	8. Data of Bird (Month, De		BALTIMORE 9 Birtholace /5		ca (Stete or Fo
	178-38-	9032	1□M 2 <b>X</b> F	90	O Yrs. Months D		Months Days	s Hours Min.		07-19	9-190	5 1	RIH	CAROL
	Usuel Residence	1												
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Director	MD.	BALTI	MORE	LU'	THE	RVII								
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by F	3 Widowed	, ,	If Yes, G	2 No live Detes:		1 🗆	Yes 2 No	Specify	:		Specify: WHITE			PE -
		15. Decedent's	Education	ucation 16e. Decedent's Usuei Oc								16b. Kind of Business/Industry		
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	1 Buriel 2 MCremation 3 Ramoval from State 4 Donetion 5 Othar (Specify)  GREEN MOUNT CREMATORY2/6/96 BALTO., MD.													
	21. Signsture of Funerel Service Licansee  22. Name end Address of Facility  HENRY W., JENK									NC C C	ONE	00		
	William R. Lawe III HENRY W. JENKINS & S 4905 YORK RD. BALTO.									CNO		110		
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State Registrar DAVID ROBERTS M.D. 6565 N. CHARLES ST. TOWSON, MD. 21204

31. Detertiled (Month, Dey, Year)

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Baltimore, Maryland 21215-0020

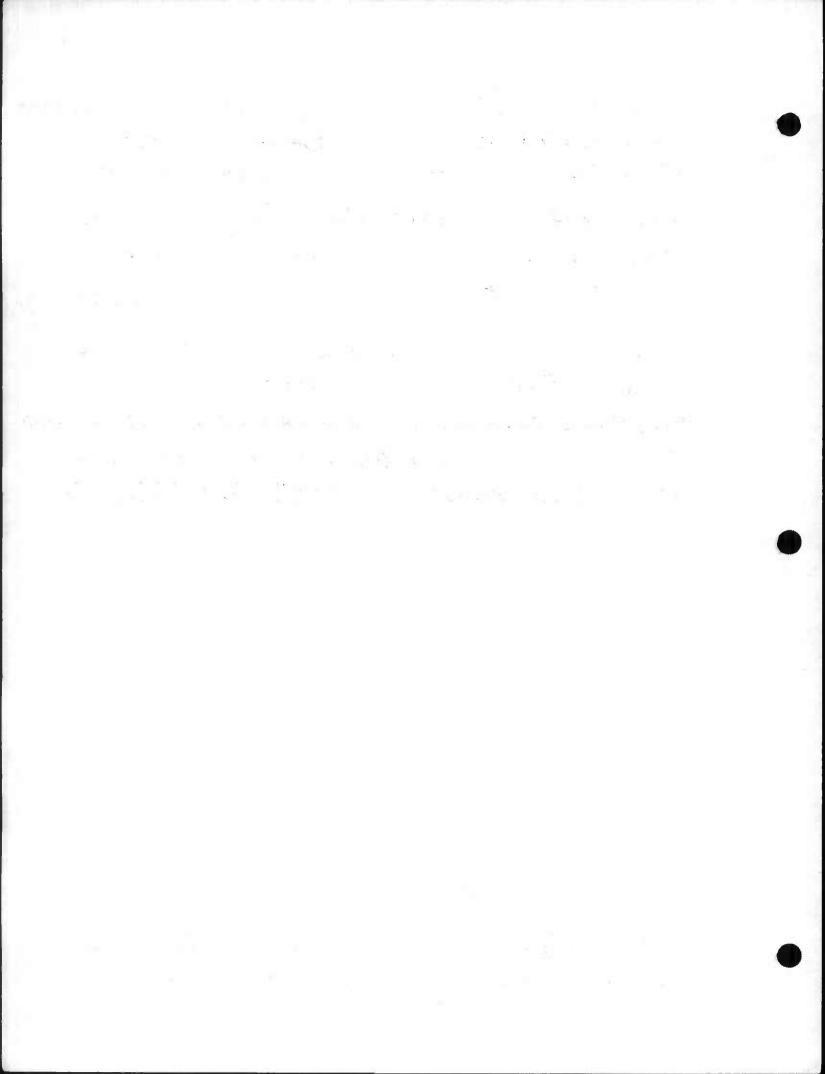
Division of Vital Records, P.O. Box 68760,

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 284 State of Maryland / Department of Health and Mental Hygiene

		Decedent's Nama (First, Middla,	Last)	Centi	ficate of	Dealli	2. Data of De	Reg. No.		3. Tima of Death	
Physic		ANNA	T. P.T.	n/i			Month	Day 29	Spar 6	12:05Pm	,
/Medi Examiı		4a. Facility Nama (If not Institution,	giva straat and number)	0~7		4b. City, Town, or				12.03/11	
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Funeral Director		213-0384319	Sax 1 M 2DF		f Under 1 Year Months Days	r If Undar 24 Hrs		th 1y, Year) 28- /4	9. Birthpla	aca (State or Foreign	
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e Ma	cto	MD. N/	A	BALTO	a Cit	14				117 Yas 2 □ No	
23a or 2	Funeral Director	10e. Street and Number 407 S. H	iGH ST.		10f. Zip Coda	1202		10g. Citizen of W	hat Countr	y?	
E 5	Iner	11. Marital Status	12. Was Decedant Evar in Armed Forcas?	U,S. 13. Wa	s Decedant of	Hispanic Origin? (S can, Maxican, Puar	Specify Yas or No	- 14. Race	- Amarica		I
natural', or itame 23 dical Examiner mus	by	1 Navar Married 2 Married 3 Widowed 4 Divorced	1 Yas 2 No If Yas, Give Yaar or Dates:		Yas 20 No			city:WHITE			
- 61	Completed	15. Decedant's (Specify only highast)	rada complated)	16a. Decedan (Giva kin	t's Usual Occu d of work done	pation a during most of wo	rking	16b. Kind of Bu	siness/Indu	ustry	
Hygiene. other than	omp	Elamantary/Secondary (0-12)	Collega (1-4or 5+)	. /	emake			OWN	40	mE	I
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th end Mer 7 is marke traumetic		19e. Informant's Name/Ralationship				t and Number or R	u <i>rai Rou</i> ta Numb	er, City or Town,			Ì
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5 2 2		20a. Mathod of Disposition  1 Buriai 2 Cramation 3		Place of Dispositi camatary, cramat	ory or other ple		Data	20c. Location -			I
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Department of important: If any injury or once.		21. Signature of Funarai Sarvice Llo	ensaa	22. N	ama and Addr	NOCE +	SONS	FUNERO	4 4	-mE	I
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		28a Part . Enter the disease, or co shook, or heart failure. List on	mplications that caused tha da ly one cause on each line.	ath. Do not antar t	ha moda of dy	ing, such as cardla	c or raspiratory a	rrast,	1	Approximata Intarval Batween	
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Director: After in by the fune	tific	3 Sulcida 6 Could not data mine	be d 28a. Piaca of injury - At building, atc. (Sp#		, factory, office		28f. Location ( City or To	Streat and Number	er or Rural	Routa Number,	
1 5 5 2 6 7	Ce		M	4							
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with To the comple	N S	29b. Signature and titia of cartifiar			29c. Lican	sa number		29d. Data signed	(Month, D	ay, Year)	
/		De Ru	N <sub>n</sub>		DY	0854		Jan/3 Risebers	1/19	96	
D		30. Nama and addrass of person wh	o completed causa of death (It.	am 23a) (Type, Pri					7		ĺ
T		407 Tom	301 St. Paul P1.	Bultmore.	MO 21	202	Sund F	Rusebersul	MD		
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DHMH 16 Rev 6/95

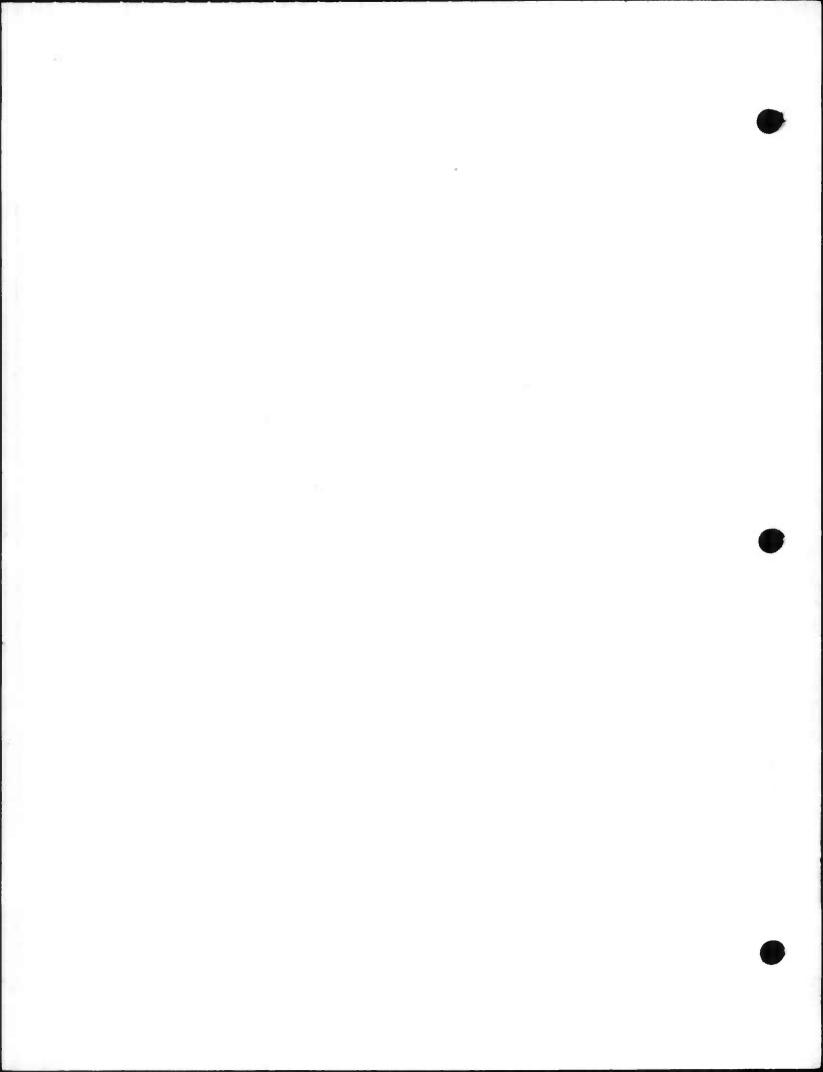


The same requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDIN

	1 - STATE REGISTRAR		STATE OF MAI	RYLAND C	/ DEPART	MENT CATE	OF H	DEATH AND	MEN	TAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,		oppish							ATE OF DEATH DON'THE	3.1	996	3:30 P
	4. SOCIAL SECURITY NUMBER 212-12-06  9a. FACILITY NAME (If not in	25	1 1 M 2 □ F	AGE (In yrs. I	YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D. (A De	ATE OF BIRTH Annth, Day, Walls)	921	Country)	ACE (State or Foreign
TOR	Levindale	Hebr		r &				O. City		d.		one	TN
DIRECTOR	Maryland	10b. COUNTY	none		10c. CITY, Ba 1			y, Md.					0d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER	Fort .	Ave.				101	2123	0				AT COUNTRY? States
B√	11. MARITAL STATUS  1 Never Married 2 3 3 Widowed 4 Divo	YER IN U.S. A YES 2 OR DATES	IN U.S. ARMED S 2 NO II yes, specify Cuban, Mexica DATES 12. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify						14. RACE - Black, Specify	- American Indian, White, etc. White			
PLETED	15. DEC (Specify only Elementary/Secondary (0 9th.Grad		ATION completed)  College (1-4 or 5+)  NONE	Give kind of wor fe. Do NOT use	PENT'S USUAL OCCUPATION  ind of work done during most of working  NOT use retired.)  II rity Gliard				16b. KIND OF BUSINESS/INDUSTRY			1 Centor	
BE COMPL	John Poppish   Helena Unknown									r center			
10	19a. INFORMANT'S NAME (Type/Print)  Mrs.Margaret Poppish  630 E.Fort Ave.Balto.Md. 21230												
	4 Donation 5 Other	1 Deurial 2 Tycremation 3 Removal from Stata 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF SECULTY.											
	Eugene McCully Funeral Home, 130 E. Fort Ave												
	23. PART I. Enter the diseases, or complications that caused the deeth Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Chronic OSSTructive Lung Discase										Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL (	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  OLMENT (A RENAL PALLURE, CONGESTIVE 1 YES 2 UND OF DEATH?									ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 AND			
SIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO UNCERTAIN   25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  EXAMINER?												
PHYSICIAN:	1 YES 2 MO		HOSPITAL:  1 Description 2 ER/  28a. DATE OF INJU (Month, Day, Ye	JRY		OF 20	ic. INJI	■ 5 □ Rasidenca URY AT RK?	_	OTHER (Specify) DESCRIBE NOW I	NJURY OC	CURED	
TED BY	7 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 28- PLACE OF INJURY — At home, farm, street, factory, office 28- Lucidence and (Specified)								OCATION (Street ( City or Town, State)	and Number	or Rural Rou	te Number,	
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDIC	IFYING PNYSIC	IAN: To the best of my is: On the basis of examin	knowledge, d	leath occurred	at the time	, deta	and place, and du	a to the	cause(a) and mar	nner as atal	ed. e cause(s) s	nd manner as stated.
H	29b. SIGNATURE AND TITLE	Les	200	162	- 1	ms	,	29c. LICENSE NU	MBER 7	57			S, 1996
2	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUSE OF	F OEATH (IT	2 4	int) 34		W.B	EL	vera			KEMD

32. REGISTRAR'S SIGNATURE
Muscles Reveal

31. DATE FILED (Month, Day, Year) FEB 0 6 1996

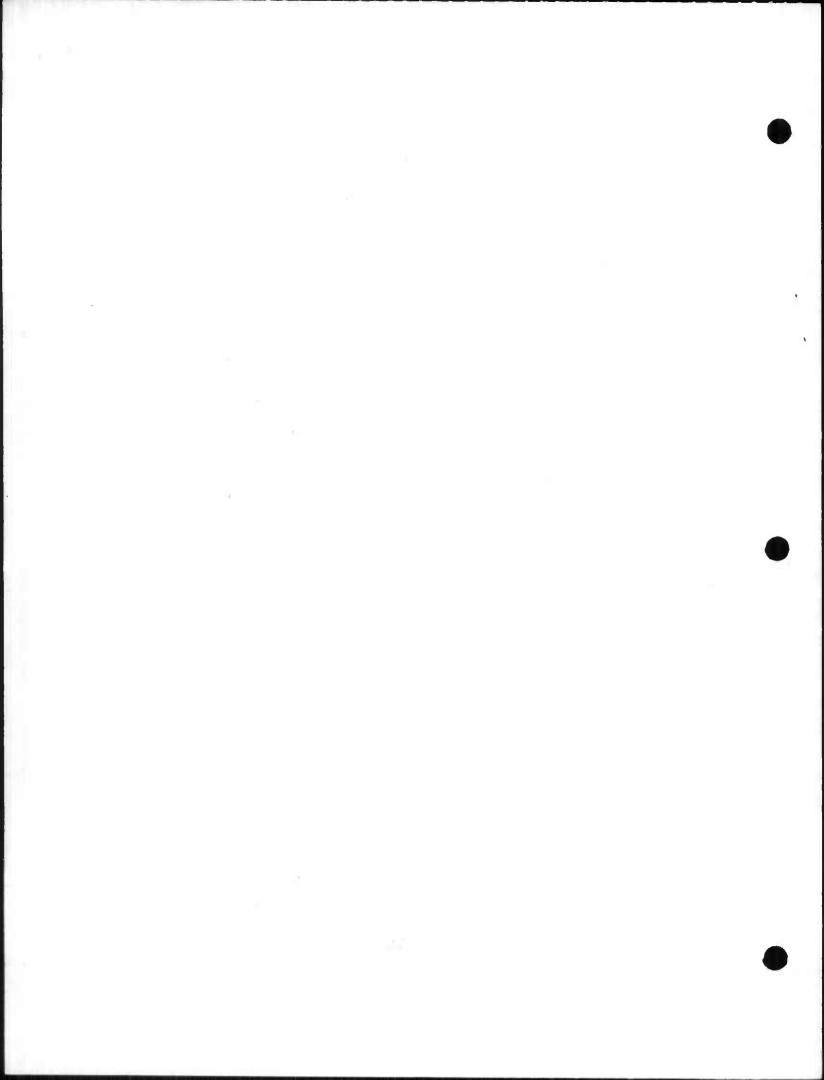


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	nedioThAn			-14111	OAIL	OI.	DEA		ni:	d. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DI	DA		YEAR	3. TIME OF DEATH					
	ANNA E	PERSOI							JANUAR 7. DATE OF BU		19	96	0955 M			
		5. SEX	6. AGE (In yrs. las	YRS,	IF UNDER 1	DAYS	HOURS	MIN,	(Month, Day,	Ybar)		Count	HPLACE (State or Foreign ry)			
	214-10-8840 9s. FACILITY NAME (If not institution, give st		78	i no.	AL OUTV	TOWAL C	R LOCATI	200 05 00	DEC. 1	0 19		NTV OF F	MØ.			
<u>.</u>		reet snd namber)						ON OF DI	EAIN		9c. COUNTY OF DEATH					
ECION	708 ROGER STREET				SA	LISE	uky				2.0					
į l	10a. STATE 10b. CDUNTY	'		10c. CIT	Y, TOWN OF	R LOCAT	ION				10d. INSIDE CITY LIMITS?					
	MD. WICO	MICO		SA	LISBU	JRY							1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WNAT COUNTRY?			
	708 ROGER STREE						218				Ш,					
2	11. MARITAL STATUS  1 Never Married 2 Merried		YES 2	NO NO	H H	yes, sp	city Cuba	n, Maxica	NIC ORIGIN? (Spi in, Pusito Rican,		or No-	Bloc	E — American Indian, k, Whits, atc.			
Specify: White   Spec											white					
5	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, Middle,	Malden	Surname)					
N P	ROBERT DAY								BETH !							
19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)																
	DEBBIE TARCA 200. METNOD OF DISPOSITION		20b. PLACE		ROGEI			, SA	U TSBUR			801	Olete			
	1 Donation 5 Other (Specify)	oval from State	cemetery, cre	matory or o	ther placel				DATE			City or Town, State				
	21. SIGNATURE OF PUMERAL SERVICE LIC	ENSEE //	WICON	ITCO			IO ADDRE	SS OF FA	VCILITY	SAL	1 SBU	KY, N	<i>v</i>			
	Devald (	bru	nex		BOL	INDS	FUN	ERAL	HOME,	SALI	SBUR	Y, MA	RYLAND			
RIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):															
C F	resulting in death) LAST	d														
JICAL .	PART II. Other algnificant condition	ea contributing to	deeth but not	reaulting	in the un	derlyin	ceuse	given in		WAS AN PERFOR	-	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
M													1 YES 2 NO			
SICIAN:	DID TOBACCO USE CONTI	RIBUTE TO CA					JUNG	ERTAI	иЦ			1				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEA	OTHER	t:	1	,								
PHYS	1 VES 1 NO	1 Inpetient 2 I		28b. TIN	_		URY AT	ssidence	6 Other (Spe 26d, DESCRIB		NJURY O	CURED				
	1 Natural 5 Pending	(Month, D			JURY	WC	PRK? YES 2	NO								
9 64	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At h	ome, ferm,	street, facti	ory, offic	•		26f, LOCATION			or Rural	Route Number,			
1	4 Homicide determined	bollaing,	atc. (Specify)						City or Tox	vn, olste)						
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as a stated.										(s) and manner as stated.						
IO BE CO	296. SIGNATURE AND TITLE OF CERTIFIES	Ceor	y de	39	ME	>	3	PSE NU	-014		•	1/2/				
-	MAMESM M	oneo	1 M	05	47	E	RIVE	50.11	BEDR	106	- Sa	MA	54A7 21801			
	JAN 03 19	96 Julia	d'audior	Randal	6								· ·			



BALTIMORE, MARYLAND 21215-0020	N: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.  Cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal	medical examiner must be notified at once.
DIVISION OF THE RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICAN. The law requires that the death certificate be executed within 24 nours after death TO THE FUNERAL DIRECTOR. After this second that has been signed by the attending physician and completely filled in by the fune be flied within 72 hours after death with the State Deor; of Health and Mental Hydiene prior to burial, cremition, or removal	IMPORTANT: If item 28 iş marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last	Paul Phil		0		DATE OF DEATH		3. TIME OF DEATH
		FAUL I HI	the	FRIC	6	2	Z 46	235 PM
	4. SOCIAL SECURITY NUMBER 216-03-8027	1 🕅 M 2 🗆 F		NYHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 1-10-18	399 B. BIRT	HPLACE (State or Foreign stry)  ALTO, M. S
DIRECTOR	99. FACILITY NAME (If not institution, give	street and number)  G. CENTER	96	BAU	O. M		9c. COUNTY OF	DEATH
2	10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATIO	ON			10d. INSIDE CITY
	Maryland N/A		Balt	imore C	ity ZIP CODE		40 - 0/7/75/1 05	LIMITS?
FUNERAL	1601 East Belved	ere Avenue			21239			WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			NOENT OF HISPANIC	ORIGIN? (Specify Yes	U.S.A	e CE — American Indian,
BY F	1 Never Married 2 Married  3 🔀 Widowed 4 Divorced	FORCES? 1 YES		It yes, spec	elfy Cuban, Maxican, P	Puerto Rican, etc.)	Bla	ck, White, atc.
								îte
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	(Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY	
12	12th Grade	College (1-4 or 5+)	Treasurer	<i>'</i>		Bank		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		110030101		48 MOTUEDIO MANE	(First, Middle, Maiden		
E C	Tully A.C. Price	. Sr.			Annette 1			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD		ATTRICTE I			
2	Charles Paul Prio	ce			Avenue, Ba			N 21224
	20e. METHOD OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION	200	PLACEANDDATEGED	ICOCCITION (No.		202 100	CATION - City or 1	
- 3	4 Donation 5 Other (Specify)	novel from State Com	laney Vall	ev Memo	2/5/96 orial Park	k Balt	imore, M	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AND	AOORESS OF FACILI	TY		7
	Kathliew	m. h. in	un 1	John C.	Miller,	Inc.	0.000 1/	ryland 21206
	23. PART I. Enter the diseases, or	complications that causer	the death. Do not	enter the mode	a of dving, such a	a cerdiac or reaple	ore, Mai	Approximate
	shock, or heart fellure IMMEDIATE CAUSE (Final	. List only one cause on e.	act line.		The Park State of		atory arroat,	Interval Between
	disease or condition resulting in death)	PHE	EU RAA	H:A				De co
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	10/01				9 745
Z	Saguerdally list sanditions	a (0	PD S	Perce	u			may
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
할	CAUSE (Disease or injury	C						
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF);					
崽		d						
AL.	PART II. Other algnificant condition	ns contributing to deeth b	ut not resulting in ti	he underlying	cause given in Par	rt I. 24a. WAS AN		b- WERE AUTOPSY FINDINGS
EDIC	- Aser	D				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	7	<u> </u>						OF DEATH?  1 YES 2 NO
	- dem	lin						
PHYSICIAN:	25. WAS CASE REFERRED TO MEMICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Check	only one)		
YSI	1   YES 2   100	1 inpatient 2 ER/Outp		Nursing Home	5 🗆 Residence 8 🗆	Other (Specify)		
품	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	HOW	K?	d. DESCRIBE HOW IN	JURY OCCURED	
BY	2 Accident Investigation				S 2 NO			144
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree ify)	t, factory, office	28	It. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,
	as orrespond					-		
COMPLETED	(Check only T CERTIFYING PHYS	SICIAN: To the best of my knowl						0.000
8		ER: On the besis of examination	end/or investigation, in	my opinion, dea	ntn occured at the time	e, date and place, and	due to the cause	a) and manner se attited,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE			2	29c. LICENSE NUMBER	R	29d. DATE SIGNE	(Month, Dey, Year)
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	),		1083	18	2/	2196
	G PA / L	CAUSE OF DE	A		8403	HARA	-012	1040
	31. DATE PILED (Month, Day, Year)	32. RENISTRAR'S SIGN		Cd	PA.	11. NA	7 2	(2 7.6
	EED 8 6 190		en Part II		. /			/

Pages 1, 2, 3 should

permit.

burial-transit

DIRECTOR

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Ĭ.	Ξ	1	E
E	E	And within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	R	A	2
-		J.	

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

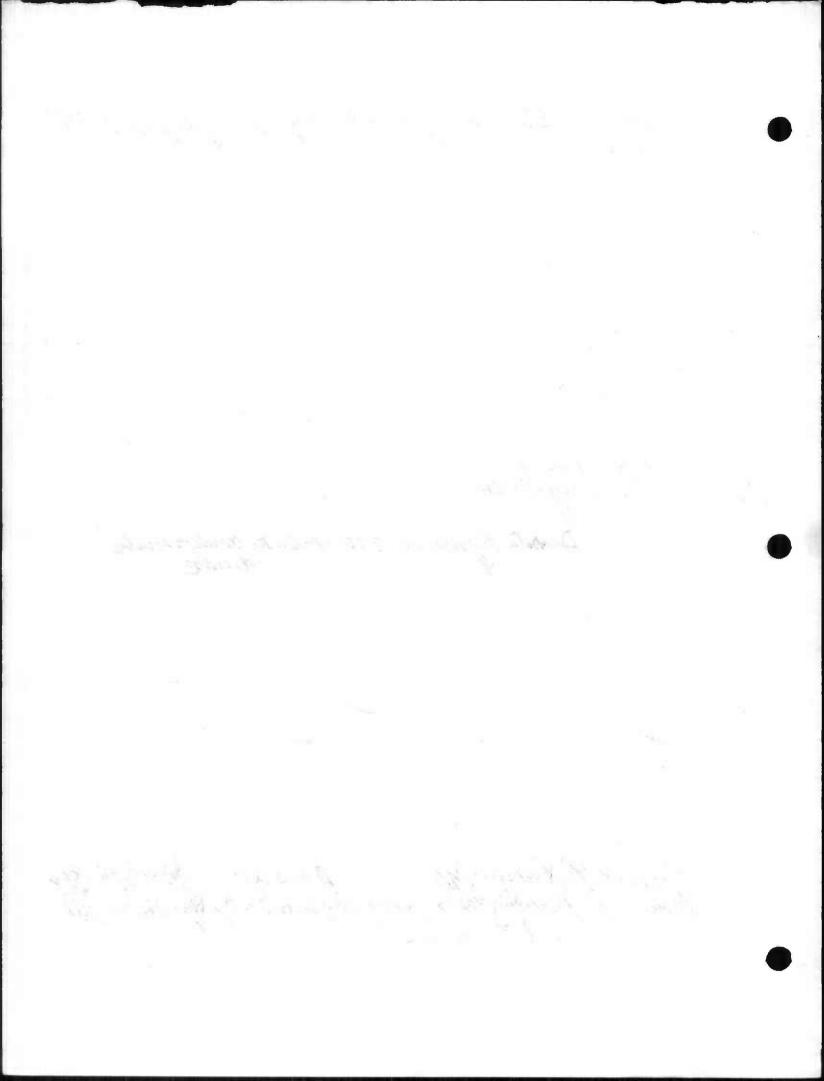
COMPLETED

TO BE

6 1996

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH Edward Wesen Darry James mulary 4. SOCIAL SECURITY NUMBER 7. DATE OF BUTTH IF UNDER 1 YEAR | IF UNDE 24 HRS. A. BIRTHPLACE (State or Foreign JULY 12, 227-42-3030 1932 HILLSVILLE, 1 X M 2 - F 63 HOURS VA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRIVATE RESIDENCE MT. RANIER PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGES MT. RANIER 1 YES 2 HO 10e, STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 4308 KAYWOOD DRIVE #6 20712 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPAHIC ORIGIN? (Specify Yea or No-14. RACE — American Indian. Black, White, etc. If yes, specify Cuben, Maxican, Puerto Ricen, etc.)

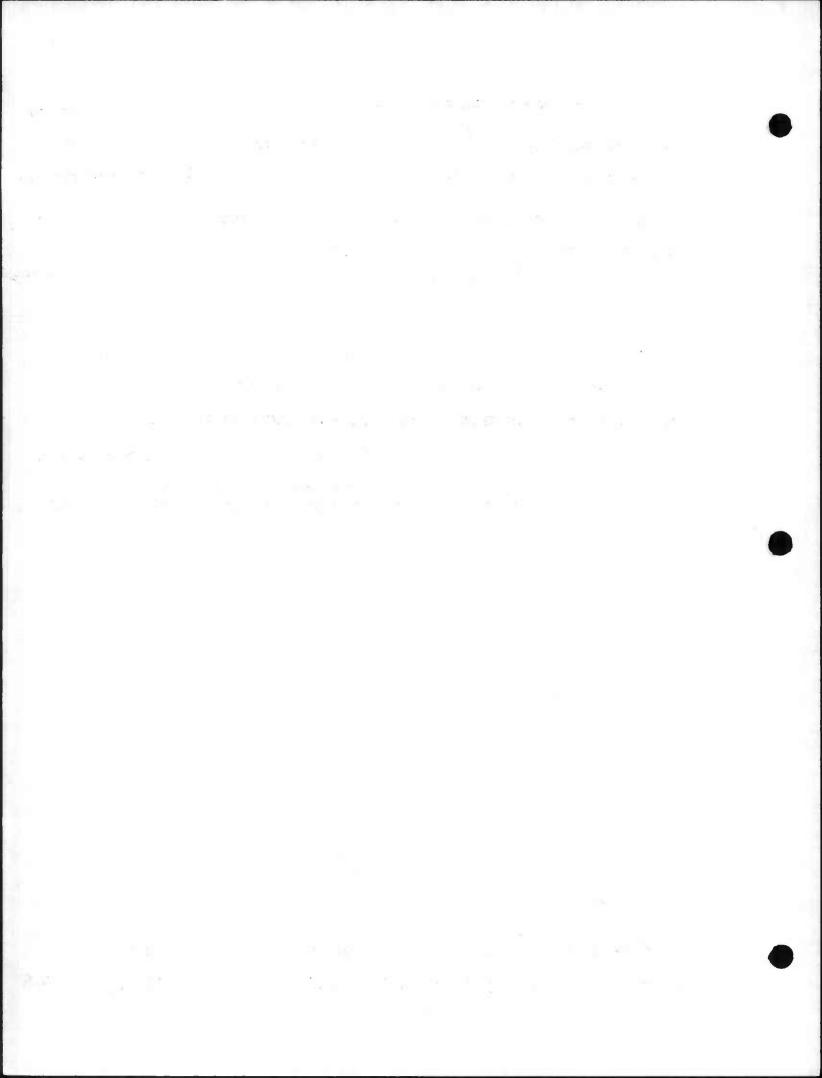
1 YES 2 HO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 X Divorced WHITE 15. DECEDENT'S EDUCATION sectly only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 BUTCHER GROCERY STORE 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CECIL W. QUESENBERRY DOVIE MOORE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) TIMOTHY A. QUESENBERRY 415 PATRICK LANE, HERNDON. VA 20e. METHOD OF DISPOSITION
1 □ Burlel 2 ☑ Cremation 3 □ 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State METROPOLITAN' CREMATORY 1/25 ALEXANDRIA, VIRGINIA 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 22. HAME AND ADDRESS OF FACILITY GREEN FUNERAL HOME, INC. 22070 P.O. BOX 385. 721 ELDEN ST. HERNDON 23. Por I. Enter the diseases, complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between ahock, or heart fellur List only one cause on each ilne. **IMMEDIATE CAUSE (Final** Monset and Death DUE TO JA & CONSEQUENCE OF THE POLICE CONCOVERULY disease or condition resulting in death) Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 Z 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES HO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 1 8 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27, MAHNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. IHJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 A Natural 1 YES 2 NO 2 Accident 28a. PLACE OF IHJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and memner as stated.



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible 2846 State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate of	Death		j. No.			
	Physic /Medi		Decedent's Nama (First, Middla, Last     ELBER'	ra aka elli	E G. REI	FEL		2. Data of Death Month FEBRUARY		Yaar 6	3. Time of Death  12:30am	
9	Exami	ner	4a. Facility Nama (If not Institution, giva	street and number)			4b. City, Town, or L	ocation of Death	4c. County of	of Death		
	Funeral Director		8-N TYLER FALLS CO 5. Social Security Number 6. Sa 106-28-0583 Usual Rasidance of Decedani	7. Aga (i	n yrs. last birthday) Yrs.	If Under 1 Yaar Months Dsys	BALTIMOR If Under 24 Hrs. Hours Min.		,1936	9. Birthpla Country	IMORE ca (Stata or Foraign y) NSYLVANIA	
	yland		10a. State 10b. County	10	Oc. City, Town or Lo	cation		10d. insida City				
	Pa-f a	ctor	MARYLAND B.	ALTIMORE			BALTI	MORE		1 ☐ Yas 2 💢 N		
	23a or 2	Funeral Director	8-N TYLER FALLS C	OURT		10f. Zip Code 21209	e	100	y?			
020	within 72 hours after death with the Maryland ene. than "naturet", or flems 23s or 28s-f show he Medical Evarrine must be notified at	þ	11. Maritai Siatus  1 Nevar Married 2 Married  3 Widowad 4 Divorced	12. Was Decedant Eve Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:	ì	Was Decedant of H f Yas, specify Cub I□ Yas 2☐No	lispanic Origin? (Sp an, Maxicen, Puarto Specify:	pecify Yas or No- p Rican, atc.)		- Amarican k, Whita, at	c.	
5-0	72 ho	eted	15. Decedent's Edu (Specify only highast grad	cation a complated)	16a. Deced	lant's Usual Occup	pation during most of work	nost of working				
21215-0020	s 1 and 2 should be filed within 72 ho I Health and Mental Hygiene. Item 27 Is marked other than "natur other traumatic event, the Medical	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	lifa. L	OO NOT usa retire	d)		OWN	HOME		
and	should be filed and Mental Hygi marked other imatic event, I	Be	17. Fsthar's Nama (First, Middla, Last) HARRY	GRABI	MAN		18. Mothar's Nam	na (First, Middla, Ma RED	iden Sumeme CARI			
Maryland	2 shoul and Me ls mark	2	19a. Informant's Name/Raiationship (T)	pe, Print)	19b. Meilin		and Number or Ru	rai Routa Number, C	City or Town, S	Stata, Zip C	Code)	
	1 and 2 Health em 27 I		MR. HERBERT REIFE	-	8-N 1		LLS COURT	BALTIMOR Data 20				
Baltimore,			20a. Mathod of Disposition  1 X Burial 2 Cramation 3 F  4 Donstlon 5 Othar (Specify)		REISTERSTOWN, MI							
Ball	permit. Page Department of Important: If any injury or socs.		21. Signature of Funaral Sarvice Licens	e Leun	20		LEVINSON	& BROS., ROAD BAL		MID	21215	
	Physician /Medical Examiner	er	shock, or haart failura. List only or immediate Cause (Final disassa or condition rasulting in daath)	Meta	Hatic a to (or es a conseq		tional C	ell Car	cinon	, (	Approximsta Interval Between Onsei and Death	
68760,	law requires that the death cartificate be axecuted as been signed by the attending physician and a 2 should be detached for use as the burtal-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last	)	e to (or as a conseq							
Box 68	ath cartifica attending pl for usa as t	Physician/Med	L.	1								
P.O.	that the death car ed by the attendin detached for usa	yslc	Part II. Other significant conditions con	tributing to death but n	ot rasuiting in tha ur	ndarlying causa glv	ven in Part i.		21		he cause of death?	
	es that the	by Pt	Colonic tistu	14				1 🗆 Yee	2 No	3 Proba	bly 4 Unknow	
of Vital Records,	s been sig	Completed b						24a. Was sn s		avali	a autopsy findings abla prior to pletion of causa ath?	
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/ita	ysicien: The s cartificate director, pag	Be	25. Was casa rafarred to medical axaminar?				26. Placa of Deel	th (Check only ona)				
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Division	B 5 5	Certification:	27. Mannar of Dasth  1 Natural 5 Panding  2 Accidant invastigation  3 Suicida 6 Could not be	28a. Data of injury (Month, Day Ye	28b. Time of Injury	28c. Injur Wor M 1 □	yat rk? Yas 2 □ No	28d. Dascribe how	injury occurre	od .		
Ρίζ	ttal or Attendi us efter death. rel Director: A lled in by the fu		4 Homicida determined	28f. Location (Stree City or Town, S		r or Rural F	Routa Number,					
	To the Hospital or within 24 hours effective to the Funerel Director completely filled in	edical	29a. Cartifier 1 Certifying Physical Check only one) 1 Certifying Physical Examination (Check only one)	vicisn: To the best of more: On the basis of axi and mannar stated	amination end/or inv	occurred et tha tir astigation, in my o	ma, date and plece, pinion, deeth occur	end due to the causered at tha tima, data	se(s) and man a snd piace, a	ner as stst	ted. ha ceusa(s)	
	To the within 2 To the comple	Me	29b. Signature and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)									
	•		Marshall a.	Vinne		DIF	873		2/11	96		
	٧		30 Nama and sddrass of person who co	mplated causa of daath	(Item 23e) (Type, I	Court R	d. Suit	e 306 X	Baltin	ore, l	40 21208	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Ragistrar's	Signatura							

DHMH 16 Rsv 6/95



#### Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02847

					C	ertifica	ate of	Death		Reg. No.			
	Physic	ian	Decedant's Nama (First, Middla, Last,						2. Data of De Month	Day	Year	3. Tima of Death	
	/Medi		Warren LEWIS	REEI	) J	R.			Januar	y 30,199	96	2:00 PM	
	Examir	ner	4a. Facility Nama (If not institution, giva					4b. City, Town, or I					
_			FRANKLIN SQUARE HOSPIT		A contrat to	H I Inc		BALTIMORE O		Darcin			
Ŀ	Funeral Director		212-12-21/0	7. Aga (In yn	s. last birthda Yrs.	Month	dar 1 Yaar Is Days	if Under 24 Hrs. Hours Min.	SEPTEMBER	24,1920	9. Birth	place (State or Foreign	
	and w		Usual Rasidance of Dacedant  10a. Stata 10b. County	10c. C	city, Town or	Location					1	10d. Insida City Limits	
	72 hours after death with the Maryland natural", or Nems 23a or 28a-f show dissi Examinet must be notified at	ō	MARYLAND BALTIMORE	BAL	TIMORE	COUNTY	,					1 ☐ Yas 2 ☐ No	
	28e	Director	10e. Street and Number			10f.	Zip Coda		T	10g. Citizan of	What Cour	ntry?	
	3a o	0	4011 PUTTY HILL AVENUE			212	236			U.S.A.			
	deati	Funeral	11. Maritai Status	12. Was Decedant Evar In	U,S. 13	B. Was De	cedant of I	lispanic Origin? (S an, Maxican, Puart	pecify Yas or No	14. Rad		can indian,	
0	or he	3	1 Navar Marriad 2 Married	Armed Forcas? 1 XYas 2 No If Yes, Giva			2 No		o Hicen, atc.)			hita, atc.	
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Maryland 21215-0020	J within 72 hours after death with the Manylan jane. r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	ete	15. Decedant's Edu (Specify only highast grade		(Gi	edant's U	work dona	during most of wor	king	16b. Kind of Business/Industry			
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a	id be ental	To Be	WARREN L. REED, SR.					VIOLA GROS	S				
ary	2 shou and M la mar	-	19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Ma	iling Addre	ass (Street	and Number or Ru	ral Routa Numbe	er, City or Town,	Stata, Zip	Coda)	
	27		MARIE J. REED (WIFE)		4011	PUTTY	HILL /	AVENUE BAL	TIMORE, M	ARYLAND 2:	1236		
o C	Se of o		20e. Mathod of Disposition 1XXBurial 2 □ Cramation 3 □ R		Place of Dis	position (framatory o	vama of r othar pla	ce)	Data	20c. Location	City or To	own, Stata	
Ĕ	Pages ment of ant: If It ury or o		4 □ Donetion 5 □ Othar (Spacify)	PAF	KWOOD C	EMETE	RY FEE	BRUARY 5, 1	996 E	BALTIMORE	, MARY	LAND	
Baltimore,	permit. Pag Department Important: If any Injury o		21. Signatura of Funaral Sarvice License	16				iss of Facility					
ш	20539	7401 BELATIR ROAD BALTIMORE, MARYLAND 21236-462											
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Š.	Physician										i	Onsat and Death	
	/Medical Examiner		Immediate Causa (Final diseasa or condition rasulting in death)	Chronic obs	struct	ive p	ulmoi	nary dise	ase		1	10 years	
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	uted	Examiner	b										
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	he at	Physician/	Part II. Other significant conditions con	tributing to death but not ra	sulting In the	undarlyin	g causa gh	/an in Part I.	23b. Dld 1	tobacco use co	ntribute to	o the cause of death?	
	res that the de signed by the a I be detached f		Arteriosclerotic o	rardiovascula	er dis	ease			10	Yes 2 No	3 Pro	bably Wunknown	
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Ö	v requires been sign should be	Completed							24a. was perfo	an autopsy rmed?	CO	ere autopsy findings rallable prior to empletion of ceusa	
<b>W</b>	has b	Id III									of	death?	
<u>ra</u>	sician: The law certificate has b		25. Was casa rafarred to medicel							/es 2⊠No	1[	☐ Yas 2☐ No	
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6			27. Mannar of Death	28a. Data of Injury (Month, Day Year)	28b. Tima	of	28c. inju			now injury occur		<i>y)</i>	
0	Attending I r death. sctor: After by the fune	atio	1 Netural 5 ☐ Panding 2 ☐ Accidant invastigation	(Month, Day Year)	Injury	М		rk? Yas 2 □ No					
DIVISION	or Atte after de Directo i in by th	Certification:	3 Suicide 6 Could not be datarmined	28a. Place of injury - At building, atc. (Spec	homa, farm, s	streat, fact	ory, office		28f. Location (S City or Tox	Street and Numb vn, Stata)	er or Rura	al Routa Number,	
1	the house	edical Co	(Check only 2 Medical Examir	fclan: To the best of my kn er: On the basis of examin	owledga, dar	ath occurre	ed at tha ti	ma, data and place	, and dua to tha	causa(s) and ma	annar as s	itated.	
(	122	Medi	one)	and mennar stated.									
	0 100	-	29b. Signatura and tells of certifier	M		1	9c. Licans			29d. Data signe			
	111		20 Number of Aff	mplated cause of death (its	tall		D 07	421		January	50,	1770	

Dr. Clayton Moravec 9000 Franklin Square Dr. Baltimore, Maryland 21237

DHMH 16 Rav 6/95

State Registrar 31. Data filed (Month, Dey, Year) FEB 0 6 1996

ı	,					Ce	rtificat	e of	Death			Reg. No		U	C. U	40
	111		1. Decedent's Neme (First, Middle, L.	ast)							2. Dete of D	eeth			3. Tim	e of Death
	Physic		VIOLA	LOUISE			STRN	JAD			Month FEBRUA	RY 5	, 19	Yeer	5:30	O AM
	/Medi Exami		4a. Facility Neme (If not institution, gi		9 <i>r</i> )		DIM	TILD	4b. City, To	wn, or L	ocation of Dee	1		of Death		J ALI
1	LAGIIII	161	CENTRAL AVI						GLEN	BIIR	NIE			ARUN		
Н	Funeral				Age (In yrs. la:	st birthdey)	If Under	1 Yeer								te or Foreign
	Director		212-36-3644 Usuel Residence of Decedent	1□M 2ØF	57	Yrs.	Months	Deys	Hours	Min.	8. Dete of B (Month, D 03-31	1938 -1938	3		ntry) YLAND	ete or Foreign
	/land		10e. Stete 10b. County		10c. City,	Town or Lo	cation								10d. inside	e City Limits
	Men.	to	MARYLAND ANNE	E ARUNDEL		GLEN	BURN	IIE							1 🗆 Y	res 2 XNo
	28a	Director	10e. Street end Number				10f. Zip	Code				10g. Cit	izen of V	Whet Cou	ntry?	
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	eath ag	Funeral	201 CENTRAL AVENU	12. Wes Decede	nt Ever in II S	12.1		106		ala? (Ca	acity Van as N		U.S		can Indian	
	P P P	5	1 Never Married 20XMerried	Armed Force	6?	13.	f Yes, spec	cify Cut	oen, Mexicar	, Puerto	ecify Yes or N Ricen, etc.)			ck, White,		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Meryland f Health end Mental Hyglene. Item 27 is marked other than "natural", or Nems 23s or 28s-f show other traumatic event, the Medical Exercities must be incufied as	by	3 Widowed 4 Divorced	if Yes, Give Yeer or Dete			1□ Yes	2 <b>₹</b> No	Specify:				Specify	': WF	HITE	
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P	office of the	Be C	17. Fether's Neme (First, Middle, Las	1)					18. Mothe	r's Nem	e (First, Middle	e, Meiden	Suman	10)		
lar	lenta fenta fe e	ToB	JESSIE A.	MEDFO	ORD				LOU	ISE			WI	LLIAM	1S	
Maryland	2 should be f end Mental I ia marked of aumatic eve	-	19e. tntorment's Neme/Reletionship	(Type, Print)		19b. Meilir	ng Address	(Stree	t end Numbe	er or Rur	al Route Num	ber, City o	or Town.	State, Zia	o Code)	
	and 2 salth e n 27 la		RALPH J. S	TRNAD, S	SR.						LEN BUE				061	
Baltimore,	permit. Pages 1 and Department of Health Important: If Nem 27 any Injury or other tr pages.		20e. Method of Disposition	, , ,			sitlon (Nen			1	Dete	1			own, Stete	a
20	permit. Pages 'Department of Himportant: If Ne eny Injury or of once.		1 Burial 2 Cremetion 3 [		10						/8/96					
量	ortan ritan		4 Donetion 5 Other (Speci		GLEN				AL PAI						E, MD	•
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н	Examiner		resulting in deeth)	θ	Due to (or e			10	- 14		K				11100	01112
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ó	A Para		if any, teeding to immediate cause. Enter Underlying				100.100 01/1									
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=	E ag	Completed									1 🗆	Yes 2	No	10	☐ Yes 2	2□ No
ita	yalclan: The serificate director, par	Be	25. Was case referred to medical examiner?						26. Place	ot Deat	h (Check only	one)				
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0			27. Menner of Deeth	26a. Dete of Ir	jury 2	8b. Time of	2	8c. tnju Wo	ry et		28d. Describe	how Injur	y occur	red		
Division	Attending or death.	Certification:	1 Natural 5 Pending investigation		Jay roar)	Injury	М		Yes 2	No						
Vis	Afte or de by th	Hic	3 Suicide 6 Could not be determined	286. Piece of I	njury - At hom	e, term, str	eet, tectory	, office			28t. Location			er or Run	s/ Route A	lumber,
ā	affe din din	je.	4   Homicide	building,	etc. (Specify)						City or To	iwn, Stete	)			
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	To the Hospital or A within 24 hours after To the Funeral Direct completely filled in b	Me	29b. Signeture and title of certiller	.0			29c	. Licen:	se nu <i>m</i> ber			29d. Det	te signe	d (Month	Dey, Year	r)
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	07/		CHALLES J.	720		1.0,		13	1920	)		2	1 3	>/	16	
	10		30. Neme end eddress of person who	completed cause of	deeth (Item 2	- 4		1.1	131-		0 11		~	1		. /
			CHARLES J. YED	RIAM	xx lede		PKIN	10	pital	,	BAIT	MD	0	1196.	7-46	06
	Sta		31. Dete filed (Month, Dey, Year)	100C 32. Regis	strar's Signatur	or Ran	lath									
	Registr	ar	FEB	1996												

State of Maryland / Department of Health and Mental Hygiene 96

			Certificate of Death Reg, No.											
	- 11	1. Decedent's Nama (First, Middle, Last)  2. Data of Death									ath		3. Tima of I	Death
п	Physic		Mary So	jka Simoe	S					Feb.	5, Day 199	Year O	12:40	mg C
7	/Medi		4a. Facility Neme (If not institution, given	va street end number)				4b. Cltv. To	wn. or Lo	ocation of Deeth				P
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Н			Long View Nur			took also A	If Under 1 Year	Manch r If Under			Carr	1		-
	Funeral	н		Sex 7. Age 1 □ M 2 ▼ F	a (In yrs. last b	Yrs.	Months Days		Min.	B. Data of Birt Dec.	Y. Yearons	9. Birthp	laca (Stata or Land	Foraign
	Director			-14.		TIS.				nec.	, 1900	PO.	rand	
	2 2		Usual Residenca of Decedent  10a, Stete 10b, County		10c. City, Tox	m or Lo	ostion						Od Jacida Olla	. I lesite
	aryle eho	2	Md. Carro	11			nester					Ι.	0d. inside City 1 ☐ Yes	
	N P	ct			Ivic	ancı	lester.						I CJ 163	26140
	th th	Director	10e. Street and Number				10f. Zip Code				10g. Citizen of V	Vhat Cour	ntry?	
	23a	2	2779 Washir	gton Way	1		211	.02			U.S.A			
	8 E E	Funeral	11. Maritel Status	12. Was Decedent I Armed Forcas?	Evar In U,S.	13. \	Was Decedent of f Yes, specify Cul	Hispanic Ori	gin? (Sp	ecify Yes or No-			an Indian,	
0	A H	T	1 Never Married 2 Married	1 ☐ Yes 2 ☐			1 □ Yes 2 X No		i, Fuerto	rican, etc.)		k, Whita,	atc.	
21215-0020	d within 72 hours after death with the Maryland jiene. Then "natural", or Itema 23a or 28a-f show the Medical Examiner must be neutral at	þ	3 ☐Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:			1 ⊔ Yes 2LANO	Specify:			Specify	Wh:	ite	
9	2 ho	Completed	15. Decedent's E	ducation	186	Deced	dent's Usual Occu	pation			16b. Kind of Bu	usiness/inc	dustry	
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D	事をまれ	O	17. Fether's Name (First, Middle, Las	t)				T	r's Name	e (First, Middle,	Meiden Sumam	_		
an	D = 0 0	Be C	Augusta Soj	ka				Mar	elle	ritte	Fluisk	a		
7	should b nd Menta marked	5	19a. Informant's Name/Relationship		10	6 NA-26-	a Addes as /Otas		_				0.40	
Maryland	2002		Susan A. Mentz		27	D. Mailir	Address (Stree							
	other tr			er	20h Diseas	19 1 Diana	Washin	gron	way			_		.02
0			20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐	Removel from State	camete	ery, cren	netory or other ple	ece)		Date	20c. Location -			
Ξ	Pag ment: ury		4 ☐ Donation 5 ☐ Othar (Speci		Metro	Cr	remator	y Feb	.6,	1996	Baltim	ore,	Md.	
Baltimore,	permit. Pages Department of Important: If It eny injury or once.		21. Signature of Funeral Service Lica	nsaa		22	Nema and Addr Ckhard	ress of Facilit	y	2 (2)	-			
m	89 5 5 8		Devolt &	bluth		1 2	cknard	c run	era	I Unap	eT			
			23a. Part1. Enter the disease, or conshock, or heart feiture. List only	nplications that caused	I the death. Do	not ente	er the mode of dy	armill	cardiac	or respiretory er	cheste	r, I	Approximate	_02
Ų,	Dhualaian		shock, or heart feilure. List only	one cause on aech lir	ne.		,					i	Interval Betw Onsat and D	reen eath
j	Physician /Medical	Immediate Cause (Final										1	Ida.	
	Examiner		diseasa or condition resulting in deeth)	a Cereli	ral U	as	autas	ac	ad	end			1 vac	)
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	pe list	듣		b. ————										
	end end Ftrar	Sequentielly list conditions, if eny, leading to Immediate cause Enter Underlying												
9	cian cian	H	cause. Enter Underlying Cause (Disease or Injury that inkieted events	C.										
68760,	sate ohysi the l	edical	thet initieted events resulting in death) Last		Due to (or es e	conseq	uenca of):							
9 X	thet the death certificate be assocuted aby the attending physician end detached for use as the bunkt-transit	Me		d								į		
Bo	then the or us	lan		<b>u</b> .								1		
	s death the atter	Physician	Part II. Other eignificant conditions	contributing to death bu	ut not resulting	In the ur	nderlying cause g	iven In Pert I		23b. Did 1	obacco use co	ntribute to	the cause of	death?
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of		- To	27. Manner of Deeth	1 ☐ Inpetie		Tima of			irsing Ho		lence 8 Doth		y)	
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Division	or Attendate after deat Director:	T	4 ☐ Homicide determined		ury - At nome, r c. <i>(Specify)</i>	em, str	aet, fectory, offica	3		City or Tox	Street and Numb vn, Stete)	er or Hurs	I House Numb	Her,
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			MUNTA	and Mi	6)		1)	023	16		2/6	176		
	it		30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 3213 Mars 54  W. H. Fo Ard M.P. Mancherby Md 21102											
			W. H. O AND Montherland N. S. 1102											
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** JANUARY 31,1996 PEARL SAGAL 7:10AM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** LUTHERVILLE BALTIMORE COLLEGE MANOR NURSING HOME If Under 1 Yaar if Undar 24 Hrs.
Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) 9. Birthplece (Stete or Foreign **Funerai** Deys 1□M 2□F 89 Yrs Director OCT. 4, 1906 MARYLAND 217-70-1568 Usual Residence of Deceden tha Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23a or 28a-f ahow Examiner must be notified at BALTIMORE LUTHERVILLE 1 X Yas 2 □ No MARYLAND Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21093 300 W. SEMINARY AVE. USA natural', or items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. 72 hours after 1 Never Merried 2 Merried 1 ☐ Yes 2 XNo If Yes, Giva Yaar or Detes: Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: 3 ₩idowed 4 Divorced WHITE Completed event, the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda complated) filed within then. Elementery/Secondery (0-12) Collega (1-4or 5+) Hygiene. 4 TEACHER EDUCATION merked other 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Meldan Sumama) Be permit. Pagas 1 and 2 should be f Department of Health and Mental I Important: If Item 27 Is marked of any Injury or other traumatic eve MILLER 0 DAVID HINDA HEILIG 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MR. PHILLIP L. SAGAL (SON) 2717 GEARTNER RD. BALTIMORE, MD 21209 Baltimore, 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20e. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 2-1-1996 - RANDALLSTOWN, MD BETH EL MEMORIAL PARK + 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Fullaral Service Licensea 22. Name and Address of Facility any it SOL LEVINSON & BROS., INC. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest,

Approximation of the cause of the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest,

Approximation of the cause of the deeth. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate Interval Between Onset and Death Physician /Medical immediate Cause (Finel upe 4 An Rumoni A disaese or condition resulting in death) Examiner Examiner physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Diseese or injury that initiated evants resulting in deeth) Lest Due to (or as a consequence of). Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequance of): attending p for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yee 2 No 3 Probably 4 Unknown þ been si 24e. Wes an eutopsy performed? 24b. Were autopsy findings Completed aveilable prior to completion of causa of death? s certificata has b 1 Yes 2 No 1 Yes 2 No Attending Physician: director, Be 25. Was case referred to medical exeminer? 28. Piece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 1 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funaral 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 5 Pending investigation 1 Naturel death. 1 ☐ Yes 2 ☐ No after death Director: A 2 Accident 6 Could not be 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicide 29e. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) and menner steted. (Check only one) 29b. Signature and title of certilies 29c. Licansa numbar 29d. Data signad (Month, Day, Year) Ven 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Vive Towson Md 21204 Adam Mn Usenh 31. Dete filed (Month, De), 32. Registrar's Signeture

**DHMH 16 Rev 6/95** 

State

Registrar

Year

FFR 0 6 1996

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month JANUARY 30, 1996 BEATRICE STROUSE 3:30pm /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner NORTH OAKS HEALTH CENTER BALTIMORE BALTIMORE 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 6. Date of Birth (Month, Day, Year) 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2□F 88 Yrs. Director 212-10-6638 Usual Rasidance of Daceden SEPT. 20,1907 MARYLAND death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 ie marked other than "natural", or items 23e or 28e-f ehow other traumatic event, the Modical Examiner must be notfied at MARYLAND N/A BALTIMORE 1 X Yas 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 200 CROSS KEYS RD., APT. 21 21210 USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours after Department of Heelth and Mental thygiene. Innoctant: If Item 27 te marked other than "natural; or then eny injury or other traumatic event. In a Marilland. Black, Whita, atc. 1 ☐ Yas 2 🏋 No If Yas, Giva 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ 3 ☑ Widowed 4 □ Divorced WHITE Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) OWN HOME 3 HOMEMAKER 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Be **JACOB** ENGEL MARY **OPPENHEIMER** 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) (DAUGHTER) 6104 WESTCLIFF DRIVE BALTIMORE, MD 21209 MRS. JOAN SANDLER 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata OHEB SHALOM MEMORIAL PARK 2-1-1996- REISTERSTOWN, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Service Licensea 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 23a. Parti. Enfar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximation of the complex Approximata Intarval Between Onset and Death **Physician** /Medical Preumonia immediata Causa (Final 2 weeks diseasa or condition rasulting in death) Examiner the buriel-transit Sequentially list conditions, If any, laading to Immadiata cause. Entar Undarlying Cause (Disease or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Box 68760. attending physician Physician/Medical Dua to (or as a consequanca of): P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 Probably 4 © Unknown Records, þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy peed certificate hes 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital fo the Hobbital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) ို 1 Yas 2 XNo 1 ☐ Inpatianf 2 ☐ ER/Outpatient 3 ☐ DOA funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Medical Certification: 1 Natural 2 Accident 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) filled in by 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.

2 Medical Examiner: On the basic of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifia 29b. Sig 29c. Licansa number 29d. Data signed (Month, Day, Year) ture and title of certifie NO りるととひと 96 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) TOE FPII MESHU LAM S HANOVER 55 BALTIMONE MD 21230

State Registrar

EB 0 6 1996

31. Date filed (Month, Day, Year)

6

32. Ragistrar's Signatura

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death 3. Time of Death **Physician** FEB. 1, SUSSMAN 1996 6:40am /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PIKESVILLE NURSING HOME PIKESVILLE BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) NOV. 15,1894 6. Sex 7. Age (In yrs. lest birthdey) 9. Birthpieca (Steta or Foraign **Funeral** 1□ M 2X F Months Days Hours Yrs. 212-74-3191 101 Director MARYLAND Usuat Rasidenca of Decedant the Meryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limita "natural", or items 23a or 28a-f show ofical Experience must be notified at MARYLAND BALTIMORE BALTIMORE 1 ☐ Yas 2 XNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 7226 PARK HEIGHTS AVE., APT.A 21208 USA Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Detes: Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Biack, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 WHITE 1 ☐ Yes 2 No Specify: þ 3 ₩ Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hyglene. Elementery/Secondary (0-12) College (1-4or 5+) 10 HOMEMAKER OWN HOME 7 is marked other traumatic event, altimore, Maryland 17. Father's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) . Pages 1 and 2 should be fittened of Heelth and Mental Heart: if item 27 is marked oth jury or other traumatic even Be SAMUEIL **MERVIS** RIFKIN 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) MRS. LEAH SAGAL (DAUG.) 1190 W. NORTHERN PARKWAY, APT. 612 BALTO., MD 21210 20b. Plece of Disposition (Name of cematary, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Steta 1

☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If eny injury or other 2/4/96 HEBREW FRIENDSHIP 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE, MD 21. Signature of Fugerel Service Licensee 22. Name and Address of Exciling BROS., INC. BALTO., MD 6010 REISTERTOWN RD. 21215 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** CEREBRAL immediete Ceuse (Finai disaesa or condition resuiting in deeth) /Medical 30 min Examiner Physician/Medical Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diaeese or injury that intilated evants resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, the Due to (or as e consequence of): USB 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? re cermicate has been signed by director, page 2 should be detact 1 Yaa 2 No 3 Probably 4 Onknown EUMONIA Records, b Completed 24a. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yas 20 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: 25. Was case referred to medicat axaminer? Be 26. Placa of Deeth (Check only one) Hospitai: 1 ☐ Inpatlant 2 ☐ ER/Outpatlent 3 ☐ DOA Other Nursing Home 5 Rasidence 6 Other (Specify) 1 Yes 20 No 2 nours effer death.

neral Director: After this
filled in by the funeral d After this 27. Maprier of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) Pieca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide Hospital o
 24 hours of
 Funeral D Medical 12 Certifying Physician: To the best of my knowledge, death occurred at the tima, deta and place, and due to the cause(a) and manner as stated.

2 Madical Examiner: On the bests of exemination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and menner stated. To the Hosp within 24 hou To the Funer completely fil 29e. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30 Name and eddress of person who completed cause of death (Item 23e) (Types Print)

1 AKLLANI 7220 FARK HEIGHTS AVE

State Registrar 31. Date filed (Month, Dey, Year)

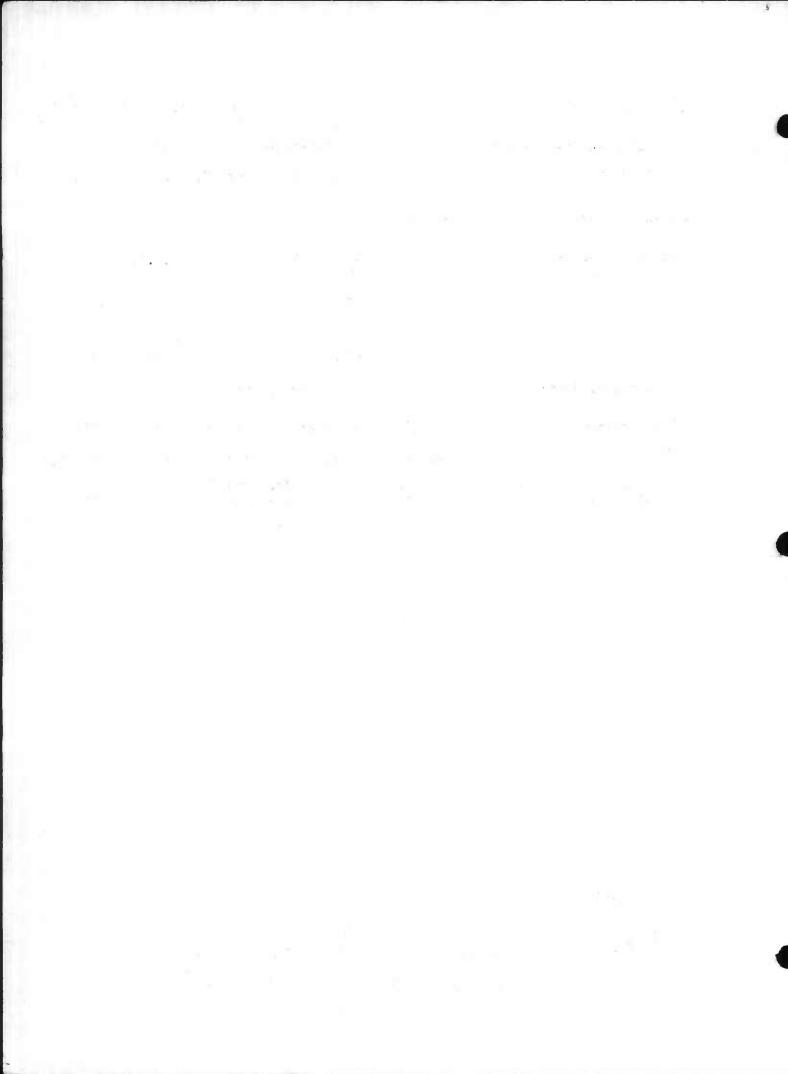
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32. Registrads Signature

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		Decedent's Neme (First, Middle, Last)			Certificate of	Death	2. Defe of De	Reg. No.	2. Time of Dool	
Physic	ian	WALTER STA			Month	Dey Y	3. Time of Deat			
/Med		4e. Fecility Name (If not institution, give s	,			4b. City, Town, or Lo	cation of Deet		6 7-56 Death	
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or should be middly within 72 hours after beath with the maryland th and Mental Hygiene.  T is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinat must be notified at	by Funeral	11. Meritel Stefus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Yeer or Detes:	verin U,S.	13. Was Decedent of I If Yes, specify Cub		Rican, etc.)	Specify:	American Indian, White, etc.	
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i the	E O	12	College (1-401-5+,		re Builder			Rubber C		
Mental Hygiene. Inked other than	Be C	17. Fether's Neme (First, Middle, Last)				18. Mother's Name	(First, Middle	, Meiden Surname)		
Menti rked itic e	To	Walter B. Stair	nes			Cora Tro	oyer			
and Men la marke		19e. Informent's Neme/Relationship (Type	pe, Print)	19b. N	lelling Address (Street	t and Number or Rura	I Route Numb	er, City or Town, Sta	ate, Zip Code)	
aalth e n 27 la		Ruth Staines		42	ll Elsa Te	rrace, Bal	ltimore	, Marylan	d 21211	
P Te fe		20e. Method of Disposition		20b. Place of D	isposition (Neme of cremetory or other ple	ice)	Dete			
		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from Stete		idge Cemet		2/5/96	Pikesvi1	le, Marylan	
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ath. F: After this ne funeral di		27. Menner of Deeth  1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day )	(ear) 28b. Tim	ry Wo			how Injury occurred		
24 hours affer death.  Fundral Director. After the teleth filled into the funera	Certification:	3 Sulcide 6 Could not be 4 Homicide determined	28e. Plece of injury building, etc.	y - At home, ferm (Specify)	, street, fectory, office		28f. Location ( City or To	(Street and Number own, State)	or Rural Route Number,	
within 24 hours To the Fundral completely filled	edical	29e. Certifier (Check only one)	fcian: To the best of e er: On the basis of e and menner stete	xaminetion end/o	eeth occurred et the ti r Investigetion, in my o	me, dete end plece, e opinion, deeth occurre	and due to the ad et the time,	ceuse(s) end manne dete and place, and	er as stated. I due to the ceuse(s)	
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	burial
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it be fleed within 72 hours after death with the State Debt, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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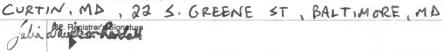
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF I	EALTH AND		YGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Last)  Catherine Whi	tson Stinch				2. DATE OF	DEATH	1,1996	EAR 3	2:50P M
	4. SOCIAL SECURITY NUMBER 5. 220~54-9966 1	8. AGE (In	yrs. last birthday)	F UNDER 1 YEAR DATHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, Da	BIRTH ly, Year)	8.		ACE (State or Foreign
STOR	98. FACILITY NAME (If not institution, give street  Manor Care Ruxton RESIDENCE OF DECEDENT	•	9	L CITY, TOWN	OR LOCATION OF D	EATH		Bal	timo	
L DIRECTOR	Maryland Balti 10e. STREET AND NUMBER	more	10c. CITY, 1	Luther	ville				1	DI. INSIDE CITY LIMITS?  VES XXX NO
FUNERAL	1114 Charmuth Road				21093				USA	AT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Married  3 M Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR DATI	2)(XNO	If yes, so	ENDENT OF HISPA ecify Cuban, Mexico 2XXNO Specif	en, Puerto Rica	pecify Yes n, etc.)	or No- 14	Black, \Specify:	- American Indian, White, alc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C	ON   1 pleted)   1 ollege (1-4 or 5+)   1	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) Florist					iness/indus		
Š	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)									
BE	Koalin  190. INFORMANT'S NAME (Type/Print)		Whitson	ODESS /Street	Mar nd Number or Rural	<u> </u>		herin		Firey
2	Henry F. Stickel		612 Kno	llcres	t Place		svill	e, Ma	ryla	nd 21030
	To Method OF DISPOSITION  1 Burlet 2/ ACremellon 3 Removal  4 Denation B Dilber (Specify)	from State 20b.P	LACE AND DATE OF I Bry, cremetory or other CONMOUNT	Cremat	me of Drv	2/2	l		e, Maryland	
	21 Softwarus Of Funeral Service Licens	Kenak		22. NAME AI	ID ADDRESS OF FA	itchel	l-Wie	defel	d Ho	me
	23. PART i. Enter the diseases, or com- shock, or heart fallure. List	plications that caused t	he death. Do not	enter the mo	de of dying, suc	h as cardiec	or respin	atory arrea	y Lali	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE						Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
AL	PART II. Other algnificant conditions co	ontributing to deeth but	not resulting in t	he underlyin	cause given in		WAS APA	V2	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	□ NO E	UNCERTAIL	N 🗆			1	F DEATH?
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26 OSPITAL:	PLACE OF DEATH	Check only one)						
YSI	1 YES 2 NO	Inpetient 2 ER/Oulpati	ent 3 DOA 4	Nursing Hom	5 🗆 Residence	6 Other (Sp	ecity)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 1 1	RK? 'ES 2 NO	26d. DESCRII				
3 Sulcide 6 Could not be determined determined determined determined and Number or Rural Route I 28s. LACE OF INJURY — At home, farm, street, factory, office Determined determi									le Number,	
COMPLET	29e. CERTIFIER (Check only one)  1 D CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On								euse(a) ar	nd menner as stated.
296. SIGNATURE AND TIPOE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)										
2	30. NAME AND ADDRESS OF PERSON WHO CO					- /				y 1,1996
	A. H. Ghiladi 31 DATE FILED (Month, Doy, Year) FEB 0 6 1996	7600 OSLEY 32. GEGISTRO'S SIGNATI	<u>Drive To</u>	wson. I	Maryland	2	1204	Suite	111	
	V									DHMH-16 Rev 1/89

P09733

02,1996

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State Registrar SEAN



entri,

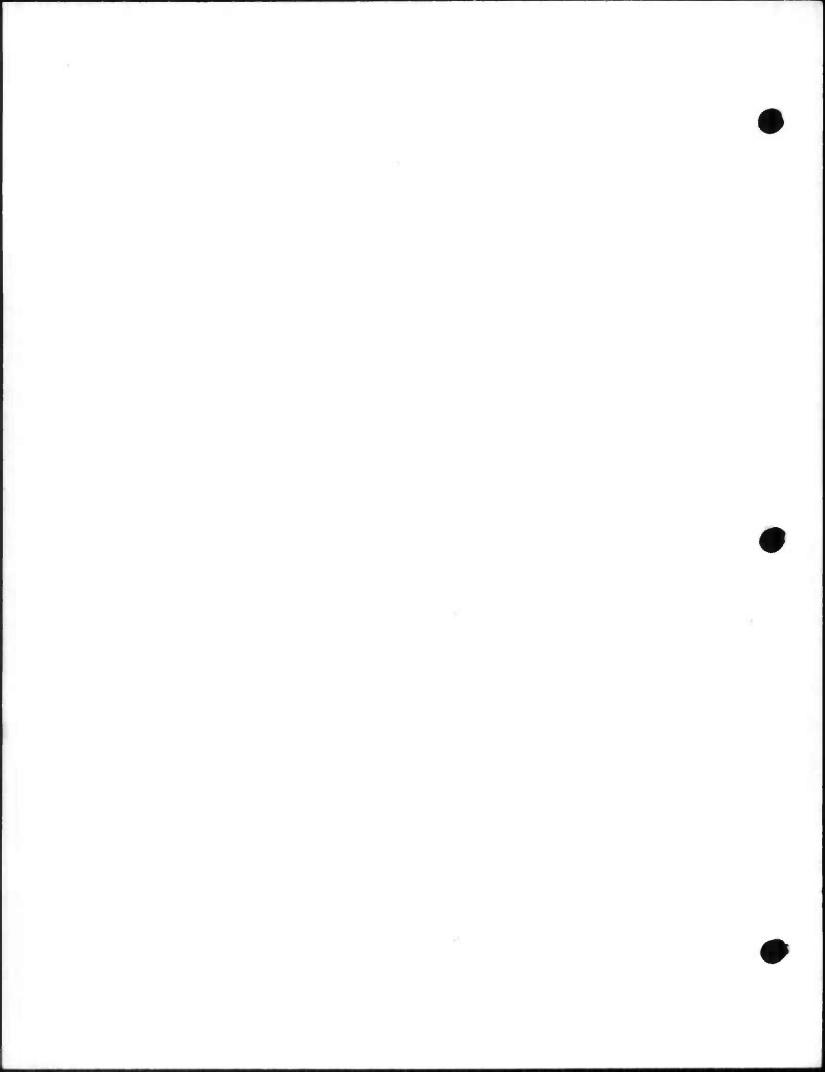
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MS

BALLIMORE, MARYLAND 21215-0020	Historian in a requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	then signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the purial-transft narmit Pages 1.2.3 should	or removal.	medicai examiner must be notified at once.	
Distriction of the neconday, P.O. Box 88780	TO THE HOSPITAL OR ATTENDING PHILIPPING IN THE REQUIRES that the death certificate be executed within 24 In	TO THE FUNERAL DIRECTOR: After this comment of the signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

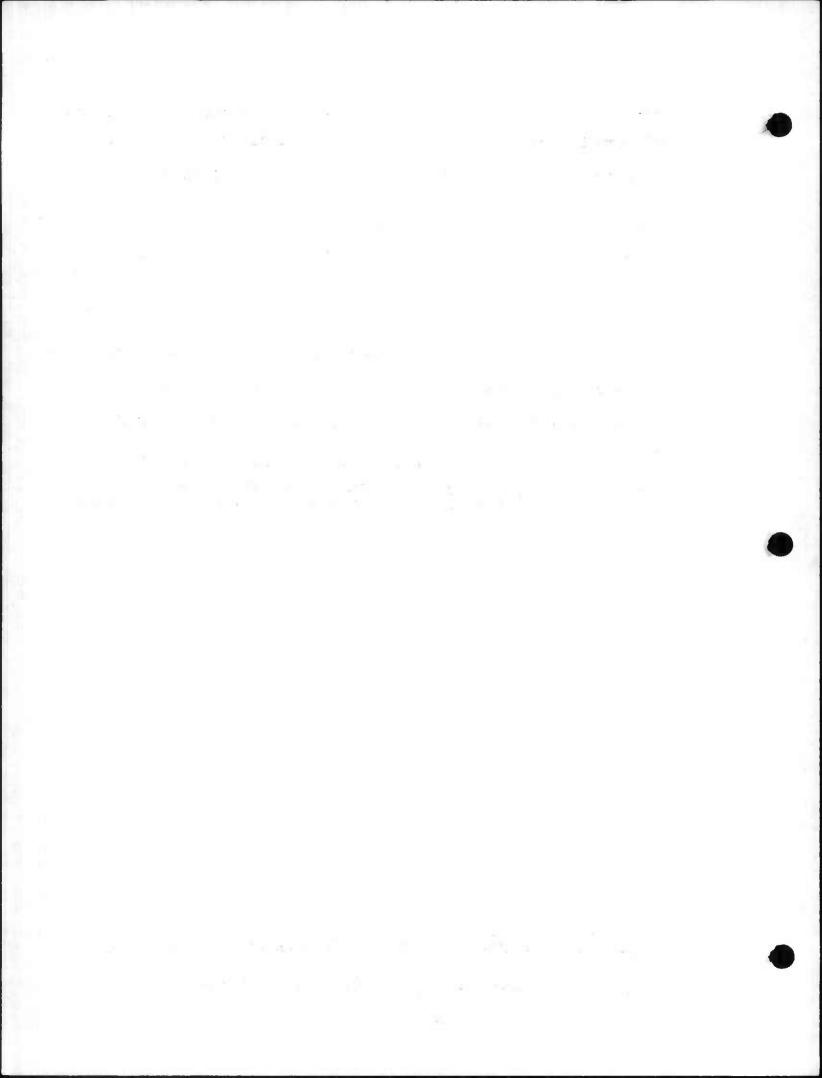
	WILLIAM H. SC	CHIE	ER		1	MONTH EBMAN	DAY 04-1	YEAR /	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BURTH		6. BIRTHPI	LACE (State or Foreign	
	215-18-3294 ¹⅓™²□ҕ	73	YRS. MOI	THE DAYS	HOURS MIN. SE	ept. 15	1922	Ma Ma	ryland	
~	9e. FACILITY NAME (If not institution, give street and number)		1				9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	Liberty Medical Center		Balto.City,Md. none							
JE C	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION					1	IOd. INSIDE CITY	
	Maryland none		Bal	Lto.C	ity,Md.			1	LIMITS?	
RAL	10e. STREET AND NUMBER			10	f. ZIP CODE				IAT COUNTRY?	
FUNERAL	1831 Cromwood Rd.  1t. MARITAL STATUS  1t. WAS DECEDENT EV				21234				States	
	Never Merried 2 Merried FORCES? 17	YES 2 NO	O MED	If yes, sp	CENDENT OF HISPANIC ( ecify Cuban, Mexican, P	ORIGIN? (Specify \ uerlo Rican, etc.)	fes or No-		- American Indian, White, etc.	
ВУ	3 Wildowed 4 Divorced W. W. 2	OR DATES		1 U YES	NO Specify:			Specify:	White	
TEC	15. DECEDENT'S EQUCATION (Specify only highest grade completed)	(GN	CEDENT'S USU	done during mo		16b. KIND OF B	USINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade none		uck I		r	Leona	ard P	aner	CO.	
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	<u></u>		<u> </u>	-	
BE C	Arthur G.	Schie	er		Margare					
TO B	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILINO ADD	DRESS (Street	and Number or Rural Rout			Code)		
F	Ms.Karen A.Miller	18	831 C	romwo	od Rd. B	alto.M	d. 21	1234		
	20e. METHOD OF DISPOSITION t Burlel 2 Cremetion 3 Removal from State	20b. PLACE At	ND OATE OF OI	SPOSITION (Na Jaca)	Cemt. 2/7	DATE 20c. 1	OCATION —	City or Town	n, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	New C	atheo	ral (	Cent. 2//	/96 Ba.	Lto.C	ıty,	Ma.	
	· // · / 0 0/2	1		)( - O	ND ADDRESS OF FACILITY	"Balto	. Md . 2	1230	Fowh less	
$\dashv$	23. PART i. Enter the diseases, or complications that ca	ylvi	at Da and		_				.Fort Ave	
	snock, or neart failure. List only one cause of	on each line.	itii. Do not e	mer the mo	de or dying, such e	e cerdiec of ree	piratory err	eet,	Approximete interval Between	
	iMMEDIATE CAUSE (Final disease or condition	13							Onset and Death	
		E TO (OR AS A CONSEQUENCE OF):								
	DUE TO (OR	AS A CONSECU	UENCE OF):		0 / -	14				
NO	DUE TO (OR	AS A CONSECU	VENCE OF):	ct ,	Enfectio	w				
ATION	DUE TO (OR	AS A CONSECU	UENCE OF):  UENCE OF):  11 01	et ,	Enfectio	w				
IFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSECU	Trou	et jeu	Enfectio	w				
ERTIFICATION	Sequentially liet conditions, if any, iseding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	AS A CONSECU AS A CONSECU RU	Trou	et Jeu	Enfectio lure	m				
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### Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02857

						nai y iai		tificate o	f Death		Reg. No.	U	2001				
	Discorter.		1. Decedent's Neme	(First, Middle, La	ist)					2. Dete of De Month		V110	3. Time of Deeth				
	Physici /Medi		Rose		M				Smith	Januar	Dey V30, 1	Year 996	5:50 PM				
	Examir		4e. Fecility Neme (If	not Institution, giv					100	r Location of Deeti			J.50 IH				
1	LAGIIII	101	115 Magn	nolia A	ve.				Pas	adena	Anne	Arun	del				
	Funeral		5. Sociei Security Nu			Age (In yrs.	last birthday)	If Under 1 Ye		s. 8. Dete of Bir	th	9. Birtho	lace (Stete or Foreign				
	Director		218-07-7 Usuel Residence of	175	1□M 20€F	76	Yrs.	Months Dey	/s Hours Mi	8. Dete of Bir (Month, Da 12/	7/19	Coun	lace (Stete or Foreign try) Md •				
	lanyland ahow ad at	Dr.	10a. Stete	10b. County	2.2	10c. Cit	y, Town or Loc					1	0d. Inside City Limits				
	Ne N	Director	Md.	Anne Ar	undel		Pasad										
	th with t	ai Dir		York Av	e.			10f. Zip Code 2	1122		10g. Citizen of V	Vhat Cour	try?				
020	filed within 72 hours after death with the Maryland hyglene. ther than "natural", or items 23s or 28s-f show ont, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merrie  3 Widowed 4		12. Wes Deceder Armed Force 1 ☐ Yes 2 € If Yes, Give Yeer or Dete	s? ¶No		es Decedent of Yes, specify C	f Hispanic Origin? ( uben, Mexican, Pue lo <i>Specify:</i>	Specify Yes or No rto Rican, etc.)	Specify	k, White,	an Indian, etc. hite				
Maryland 21215-0020	vithin 72 ho	Completed	Elementery/Secon	15. Decedent's Edy only highest gradery (0-12)	ducation ade com <i>pleted)</i> College (1-40	r 5+)	16a. Decede (Give k life. De		ne during most of w ired)	orking	16b. Kind of Bu	usiness/Inc	dustry				
2	I Hygiene. other than	S	6					Bookke	1				Florist				
and	S E D Y	Be c	17. Fether's Neme (F	rirst, Middle, Last rles	, Kaiser					eme <i>(First, Middle,</i> ROSA	, Melden Sumem Smith	(0)					
7	d 2 should th and Men 7 is marke treumatic	P	19e. Informent's Ner			•	10h Mailine	Address /Ctr	et end Number or F		. Ch T	Otata Tin	Codel				
S	7 19 8			, ,	/ Daught	er			k Ave.,				C00e)				
ē,	T P E E		20a. Method of Dispo		. ,	20b. F	Piece of Disposi	ition (Neme of		Dete	20c. Location -		wn, Stete				
mo	Pages nent of mt: If he iry or o			Cremetion 3	Removel from Stel	0	emetery, cremo			2/96	Glen B	ırnie	. Md.				
Baltimore,	pemit. Pages Department of I Important: If Its any Injury or o		21. Signeture of Fun			1			dress of Fecility Funeral	1							
Ш	80 5 5 8		Evan	ne ()	Cartin	5/			untain Ro				.122				
	AL INC		23e. Pert1. Enjer the shock, or heert	diseese or com feilure. List only	plicetions thet caus one ceuse on eech	ed the deet	h. Do not enter	r the mode of o	lying, such es cardi	ec or respiratory e	rrest,		Approximete Intervei Between				
	Physician /Medical Examiner	70.	immediate Cause (F disease or condition resulting in deeth)	inel	e. Medi		TC (A		ancor			and the state of t	Onset and Deeth				
	ed sit	nlne			b												
o,	ficate be executed physician and as the burial-transit	Examiner	Sequentielly list conditions, leeding to immorause. Enter Underlicause (Disease or In	ditions, nediete ying		Due to (or es a consequenca of):											
68760,		edical	thet initieted events resulting in deeth) La		С	Due to (o	r as a consequi	ence of):									
Box	endin	an/N			d							-					
Э.	deal of to	Sich	Pert II. Other signific	ant conditions o	ontributing to death	but not res	ulting in the und	derlying cause	given in Part I.	23b. Did	tobacco uss cor	tribute to	the cause of death?				
, P.O.	that the death cert led by the attendin detached for use	y Physician/M								10	Yes 2 No	3 Prot	bably 4 Unknown				
Division of Vital Records,	aw maguines as boon sig	Completed by	pieted by	pieted by	pleted by	pleted by								24a. Was parfo	an autopsy ormed?	COL	era autopsy findings alleble prior to mpletion of cause death?
E.	T and	FOC								10	Yes 2 No	10	Yes 2□ No				
/Ita	certificate rector, pa	Be	25. Wes case referre	d to medical					26. Piece of D	eeth (Check only	one)						
7	Physician: this certific ral director,	To	1 Yes 2 N	lo	Hospitel: 1 ☐ inpa	tient 2	ER/Outpetient	3 DOA	Other: 4 Nursing	Home 5 ☐ Resi	dence 8 Oth	er (Specif)	1)				
o uc	fing Pt After th funeral		27. Manner of Deeth 1 Deturel	5 Pending	28a. Dete of in (Month, E	jury Jay Year)	28b. Time of Injury	28c. In		28d. Describe	how injury occurr	ed					
Division	To the Hospital or Attending Physicians within 24 hours side death.  To the Funeral Director: After this certifies completely filled in by the funeral director,	Certification:	2 Accident 3 Suicide 4 Homicide	investigetion  6 Could not be determined	e 28e. Pieca of I	njury - At ho	ome, ferm, stree		1 ☐ Yes 2 ☐ No  office 28f. Location (Street and Number or Rural Route Nu City or Town, Stete)				I Route Number,				
	To the Hospital within 24 hours a To the Funeral Completely filled	Medical C	29e. Certifier 1 (Check only 2 one) 2	Cartifying Ph	ysician: To the bes	of examine	wledge, deeth o	occurred et the	time, dete end pled y opinion, deeth occ	ea, end due to the curred at the time,	cause(s) end ma date and place, s	nner as si	ated. the cause(s)				
	ithin on the	Me	29b. Signeture end ti	tie of certifier	end menner	Desert		29c Lice	nse number		29d. Dete signed	1 (Month	Day Year)				
	8 4 8 4		<b>)</b>		of		A.D		2043		2 - / -		zuj, i odij				
	6	-	30. Neme end eddres	ss of person who	completed cause of	deeth (Item	23e) (Type, P			'							
			1406 B	Crain.	Highway			Glen 1	Burnie.	MD Z	106/						
	Sta Registr		31. Dete filed (Month		32. Régis	trer's Signe	ture										



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

	-	Decedant's Nama (First, Middle,			Certific			2. Deta of D	Reg. No.	UZ	3. Tima of Death
Physic	an	SICODIL						Month	Day	Year	
/Medi	cal	HERRY	IYLER					HEBRU		996	0115
Examir	ner	4e. Facility Nama (If not Institution, (	3.4					or Location of Dea	th 4c. County	of Death	
		JOHNS HOPI		SPIT	AL		BALTIMO			NA	
Funeral				a (In <i>yrs. l</i> ast b 28	Yrs. If Un	nder 1 Year hs Days		1rs. 8. Dete of B lin. 4 – 2 2 –	rth ey_Year)	9. Birthpled Country	ca (Stata or Foreign MD.
Director		212-96-6748	4	2.0	118.			4-22-	0 /		MD.
P		Usuel Rasidence of Decedant  10a. Stata 10b. County		10c. City. To	wn or Location					100	I. tnside City Limits
ahow	2	MD. NA			imore					100	Was 2□No
r 28a-f ahow	ect	10e. Street and Number									
inco with 7 2 hours eiter bean with the maryland Hyglene. Ther than "natural", or items 23s or 28s-f show ant, the Medical Examiner must be notified at	Funeral Director	319 N. Ellwoo	d Ave.			Zip Coda 2122	4		10g. Citizan of USA		j7
Hams 2	ner	11. Meritel Stetus	12. Was Decedent E Armed Forcas?	Ever in U,S.	13. Was De	ecedent of	Hispanic Origin?	(Specify Yes or N arto Rican, atc.)	o- 14. Rad	e - Amaricen	
5		1 Navar Marriad 2 Married	1 ☐ Yes 2 🔯 N	lo				arto Hican, atc.)		ck, Whita, atd	
-13	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Give Yaar or Datas:		1 L Yes	s 2 KU No	Specify:		Specify	Blac	ck
"natural", or	Be Completed	15. Decedent's	Education	16	a. Decedent's U	sual Occu	pation during most of		16b. Kind of B	usiness/Indus	stry
- 5	pie	(Specify only highast g Elementery/Secondery (0-12)	rade completed) Coilege (1-4or 5		lifa. DO NO	T usa ratire	during most of the distance of	working			
and a	E	Listing in 1970 controlly (0-12)	2	*	Clerk	2			Offi	ce	
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ked ked ic av	To B	Larry N.	Tyler				Amelia	S. Co	ckrel1		
th and Mental Hygiene. 7 is marked other than "natur traumatic avant, the Medical		19e. Informant's Name/Ralationship	(Type, Print)	19	b. Malling Addr	ass (Stree	t and Number or	Rural Routa Numi	per, City or Town,	Stete, Zip C	ode)
27 le a		Amelia S. Coc	Krell	3	19 N.	E11v	vood Av	re. Bal	timore,	MD.21	1224
Heelth Hem 27 I		20a. Mathod of Disposition		20b. Place	of Disposition (	Nema of		Deta	20c. Location -	City or Town	n. Stata
Department of H Important: If he any Injury or of once.		tXDBuriai 2 ☐ Cramation 3			Mem •			2-9-96			
ten de la constante		4 □ Donetion 5 □ Other (Spec		King				2-3-30	Kandal	ISCOV	VII, MD.
npo ny fr		21. Signeture of Funarai Service Lic	onsee				ess of Fecility	e F/H	O A		
		10/1/1	Tele-		638	N. (	Fllmor	ST. 21	217		
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in an	X	Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceuse (Disaase or injury		10 (01 40 0	· oonooquonoo	0.,.					
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ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	3		d								
o the	cial										
igned by the a be detached f	by Physician/N	Part II. Other significant conditions	contributing to desth bu	t not rasulting	In tha undarlyin	ig causa gi	van in Part I.	23b. Dio	tobacco uss co	ntribute to th	he cause of death?
ed by detai	F	BIL ATGRAL	Pusum	OTHO	RACES			1[	Yes 2 No	3 Probal	bly 4 Unknown
og p											
been si should I	tec							24a. Wa perl	s an autopsy ormed?	avalla	abla prior to
has b	pid							_		of de	oletion of causa ath?
ate he page	Completed							1 🗆	Yas 2 No	101	ras 2 No
	Bec	25. Was casa referred to medical					26. Placa of E	Death (Check only	one)		
is certific director,	ToE	axaminer? 1 ☐ Yas 2 No	Hospital:	nt 2 ER/O	outpatient 3	DOA Ot	hor	Homa 5□ Ras		ar (Specify)	
eral d		27. Mannar of Deeth	28a. Data of Injur (Month, Day		Tima of	28c. Inju Wo			how injury occur		
r death. ector: After by the funer	tio	1 Naturai 5 ☐ Panding 2 ☐ Accidant invastigeti		Year)	Injury M		Yes 2 No				
ctor: A	fice	3 ☐ Suicida 6 ☐ Could not		ry - At home, f	arm, straat, fac	tory, office		28f. Location	(Streat and Numb	per or Rural F	Route Number,
Dire	erti	4 Homicide	building, afc	. (Specify)					wn, Stata)		
within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical Certification:	29a. Certifier Certifying F	hysician: To the best o	f my knowled-	a daeth com	and as she of	ima data and ci-	no and due to the	nauge/a) and	100000000000	od.
2 - 10 E	dica	(Check only one)	mysician: 10 tha best o imtner: On tha besis of and mannar ste	axamination a	nd/or investigat	ion, in my	opinion, death o	courred at the time	deta and placa.	and dua to th	na cause(s)
within 2 To the comple	Me	29b. Signetura end titla of certifier	and mannar ste	(ed.	Т.	200 Lines	an number		and Data slave	d /Month Do	Vasal
8 H 8	-	200. Digitatula etia titla di certifier	0	, ,		29c. Lican			29d. Date signe		
5		- Gustina	revou	M.E	, ,	M	620	2 St. 1	TEBRU	TRY:	3,1996
		30. Nama and eddress of person who			(Type, Print)						
		ROBUN ANDER	50N 10	WER	110 6	00 1	J. WOIN	re St. E	saltin	one 1	1961C AM
Sta	te	31 Date filed (Month, Day, Yaer)	32 Registre	r's Signature							

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MISTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE MISTAL OR ATTENDING PHYSICIAN: The law requires that the dath certificate has been certificate be sometime attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should an attend to the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be provided with the State Day of the page 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Pages 1, 2, 3 should be provided by the burial-transit permit. Page 1, 2, 3 should be provided by the burial-transit permit. Page 1, 2, 3 should be provided by the burial-transit permit. Page 2, 1, 2, 3 should be provided by the burial-transit permit. Page 2, 1, 2, 3 should be provided by the burial-transit permit. Page 1, 2, 3 should be provided by the burial-transit permit. Page 2, 1, 2, 3 should be provided by the burial-transit permit. Page 2, 1, 2, 3 should be provided by the burial-transit permit. Page 3, 1, 2, 3 should be provided by the burial-transit permit. Page 3, 1, 2, 3 should be provided by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the bur	attending physician. se as the burial-transit permit. Pages 1, 2, 3 should
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) MABEL VIOLA THO			2	DATE OF DEATH	V VE	3. TIME OF DEATH		
	MABEL & THOMPSON			13	TO I	DATE OF DEATH DAY PEAR 3. TIME OF DE			
			F UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH	8. 8	HRTHPLACE (State or Foreign		
	201 → 07 → 4431 1 □ M 2 X F 85	5 YRS. **	ONTHS DAYS	HOURS MIN.	Jan. 30,	1911	Pennsylvania		
, ,	9a. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY OF DEATH			
T I	Church Hasnital		Ral:	timore		N/A			
	Church Hospital		buc	unorte		14//			
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?			
	Maryland Baltimore	Bal	timore				1 TES 2 NO		
	10e. STREET AND NUMBER			ZIP CODE			OF WHAT COUNTRY?		
	7812 Denton Avenue		27	219		United	l States		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. APIMED		ENDENT OF HISPANIC		or No- 14.	RACE — American Indian,		
	IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	city Cuban, Mexican, 1 2V NO Specify:	Puerto Rican, etc.)		Black, White, atc. Specify: White.		
	3 🖔 Widowed 4 🗌 Divorced			<b>X</b>			wille		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATIO	N et of working	16b. KIND OF BU	SINESS/INDUST	RY		
i i	Elementary/Secondary (0-12) College (1-4 or 5+)		rk done during mo retired.)						
E I	& yours	Homemal	rer		Own Hom	e			
COMPL	17. FATHER'S NAME (First, Middle, Last)				(First, Middle, Melden	Surname)			
BE	Harvey E. Peterman			Louise	Rehr				
0	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Rou					
F	Catherine L. Grimes	7812 De	enton A	venue Ba	ltimore,	Marylai	rd 21219		
		PLACE AND DATE OF				CATION — City			
	1 X Buriel 2 Cremetion 3 Removel from State Game 4 Donation 5 Donation 5 Company Compa	rdens of	Faith	F	eb. 5, 19	96 Ba	lto., Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ID ADDRESS OF FACIL					
	Dohnny L Geble		Duda-	Ruck Fune	ral Home,	of Dune	dalk, Inc. ryland 21222		
	4 4								
	23. PART . Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on as	ch lina.	t aniar ine mo	de of dying, such :	as cardiac or reap	iratory arreat,	Interval Between		
	IMMEDIATE CAUSE (Finel	1 1					Onest and Death		
	resulting in death) s. Pulm	monu	5				minutes		
	DUE TO (OR AS A	CONSEQUENCE OF):	111	1					
Z	Sequentially list conditions,	Trom De	phleh	1713					
CERTIFICATION	If sny, leading to immediate	CONSEQUENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events resulting in death) LAST	CONSEQUENCE OF):							
H	d								
-	PART II. Other significant conditions contributing to deeth bu	it not resulting in	the underlyin	g cause given in Pa			24b. WERE AUTOPSY FINDINGS		
DICAL	Prior CVA, Apportensin	n			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	7 7 7				1 YES	2000	OF DEATH?		
ME	DID TORACCO LISE CONTRIBUTE TO CALISE OF	DEATH VES	I NO R	LINCEPTAIN	-		1 120 2		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO. NO. NO. UNCERTAIN								
0	EXAMINER? HOSPITAL OTHER								
\ <u>X</u>	1 YES 2 NO 1 Inputer 2 ER/Output	tient 3 L DOA 28b. TIME	-	e 5 Residence 6	Other (Specify)	IN ILION OCCUP	ED.		
	Natural 5 Pending (Month, Day, Year)	INJU	RY WO	PRK?	200. DESCRIBE HOW	INJUNT OCCUM			
B	2 Accident Investigation								
<u>a</u>	3 Suicide 8 Could not be 4 Homicide datarmined		reet, factory, offic		281. LOCATION (Street City or Town, State		RUTE! PROUTS NUMBER,		
	4 Hornico								
2	29s. CERTIFYINO PHYSICIAN: To the best of my knowled	edge, death occurred	at the time, date	and place, and dua to	the cause(s) and ma	nner as stated.			
COMPLE	2 MEDICAL EXAMINER: On the basis of examination	and/or investigation	, in my opinion, o	leath occured at the ti	me, data and place, a	nd due to the ca	suse(s) and manner as stated.		
Ü	290. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB		29d. DATE SI	ONED (Month, Day, Year)		
<b>∞</b> ∣	and mo			D1852	87	► FISI	31 1996		
2	30. N AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)						
	Mus GORMLAY 100 M	, BRONI	DUNY	BALTO.	mo	21231	/		
	31. DATE FILED (Month, Day, Maria 1996) 32. REGISTRANS SIGNA								
	FEB 6 1996 Juli Davel	or handall							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene h Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth 04:34 ames Ivegea K. 01 4c. County of Deeth Baltimer 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death of Maryland Medial Systems Baltmere University If Under 24 Hrs. 8. If Under 1 Yeer 5. Sociei Security Number 6. Sex 7. Age (In yrs. last birthdey) Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 11 M 2□ F Months Deys Hours Min 203-36-7400 4-26-1948 PA Usuei Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 No Yes 2 No PA HARRISBURG DAUPHIN 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 1918 N. SECOND STREET 17110 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Maritel Status 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3 Widowed 4 Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 FLORAL DESIGNER RETAIL FLORIST 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) THOMAS L. TREGEA PAULINE E. SNYDER 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) LINDA L. FISHER 2721 MILL ROAD ELIZABETHTOWN PA 17022 20b. Pieca of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 DBuriei 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) LEMBERGER'S CEM 2-6-96 LEBANON, PA 21. Signature of Funerei Service Licensee 22. Name end Address of Fecility STERLING ASHTON FUNERAL HOME, INC. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiec or respiretory errest, shock, or heart feliure. List only one ceuse on each line. BALTO, 21228 Approximete Intervel Between Onset and Deeth . Multiple Organ System Failure weeks Immediete Ceuse (Finei diseese or condition resulting In deeth) years Failure Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequence of) Due to (or es e consequence of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ☑ Unknown 24b. Were autopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of

**Physician** /Medicai Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be

0

72 hours efter death with the Meryland

filed within

permit. Pages 1 and 2 should be filed w. Department of Health and Mental Hygien. Important: If Item 27 is marked other the eny Injury or other transment.

Examiner pue ettending physician for use es the burie signed by the 8 page 2 should peen has certificate

The law requires that the death certificate be executed

Box 68760

P.O.

Division of Vital Records,

ar Attending Physician:

After this

To the Hours within 24 hour To the Funer completely the

Physician/Medical þ Completed Be 2 Certification:

25. Wes case referred to medical 1 Yes 2 No

> 5 Pending investigation 1 Neturei 2 Accident 6 Could not be determined 3 Suicide 4 \ Homicide

29a. Certifier (Check only one) 29b. Signeture end title of certifier

Dete of Injury (Month, Day Year)

Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piace, end due to the cause(s) end menner steted.

29c. License number AU4176435 AC273) 29d. Date signed (Month, Dey, Year) 96 31

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Brint)

Joanna K - Chon 22 S. Greene St. Bu Joanna K. C'hon

State Registrar

edical

31. Dete filed (Month, Day, Year)

32 Registrer's Signeture Talk Studente FEB 0 6 1996

Jtem1 Jtems10b,17,18,19a 2-23-96 FilmG732 W.H.Per F/H Jtem3 2-16-96 FilmG732 W.H.Per F/H Please Type of Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 6 Item: 18, per F.H. G-734 4/4/96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death i8<sup>5</sup>am **Physician** February 2, 1996 ar Carl Harry Trautman Sr. /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Upper Marlboro Prince George Upper Marlboro, 9005 Armstrong Lane If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Jan.5,1937 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) If Under 1 Year
Months Days Birthpiace (State or Foreign Country) **Funeral** 15 M 2□ F 59 Days 167-26-8894 Director Pennsylvania Usual Residence of Decedent 10b. County Anne Arundel 9005 Armstrong Lane, Upper Marlboro 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Modical Experience must be notified at 1 □Yes 2 □ No Director Prince Georges 10e. Street and Number 10f. Zip Code 20772 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours after death with 1 Department of Heelih and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 2 and hy injury or other traumstic event, the Medical Examinat must be made. 9005 Armstrong Lane USA 12. Wes Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. 1 ☐ Never Married 2 13 Merried 1 Yes 2 No Specify: White ρ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Construction Foreman 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Henry Frautman Margaret Valocik VALOCIEK William Trautman 19b. Meiling Address (Street and Number or Aural Route Number, City or Town, Stete, Zip Code)
9005 ARMstrong Lane, Upper Mariboro, MD20772 19a. Informant's Nama/Relationship (Type, Print) Barbara F. Trautman 20b. Placa of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD Metro Crematory 22. Name and Address of Facility
Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Part1. Enter the dispase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final Lung CANCER 5 months disease or condition resulting in death) Examiner ettending physician and for use as the burief-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or aa a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by 3 Probably 4 Unknown 1 No Yes 2 No Thronic Obstructive Pulmonary Disease A 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed Inberculosis completion of cause of death? s certificate hes b 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☒ No 28. Piace of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🗷 Residence 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of Certification: 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 5 Pending To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide 1 Certifying Physician: To the beat of my knowledge, death occurred at the time, dete end piece, and due to the ceuse(s) and manner as stated.

| Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end menner steted. 29e. Certifier Medical 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number 296 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

D30484

4333 Old Branch Ave Marlow Hts MD 20748

State Registrar Charles A. Umosella, mo

31. Date filed (Month, Dey, Year) FEB 0 6 1996

Lia d'Audior Gardelle

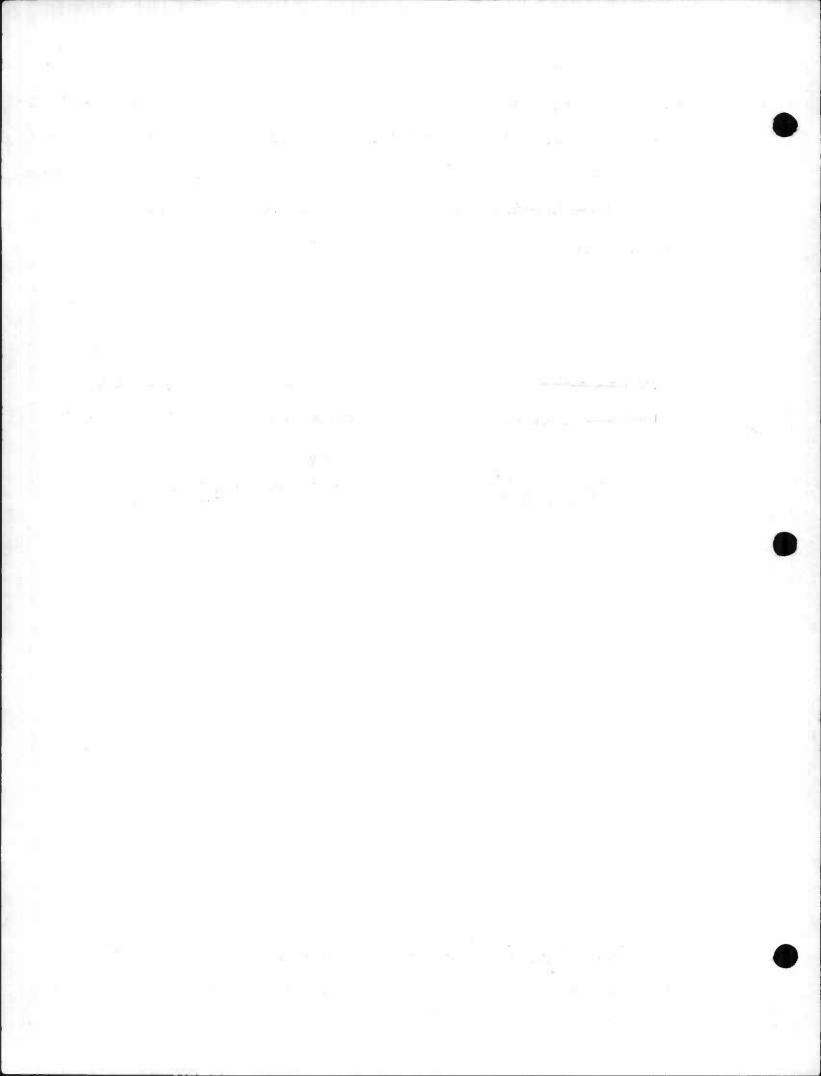
the Meryland

Baltimore, Maryland 21215-0020

that the deeth certificate be exec

of Vital Records, P.O. Box 68760

Division



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02862

Certificate of Death Reg. No.

						Cer	tificate of	Death	Re	g. No.	0	_ 0 0 4	'n
	Diam'r.		1. Decedent's Name (First, Middle,	Last)					2. Dete of Deeth Month	Dey	Yaar	3. Time of Deat	h
	Physic /Medi		GLENN	MICHAE	L	TRAW	INSKI		JAN.30			21:02	P
	Exami		4a. Facility Name (If not institution,	give street and nu	mber)			4b. City, Town, or La	ocation of Death	4c. County	of Deeth		
			SHOCK TRAUMA	UNIT				BALTIMO	RE	N/	A		
	Funeral Director		5. Social Security Number 214-72-5869	6. Sex 1 [X] M 2 □ F	7. Age (In yrs. 36		If Undar 1 Yaar Months Deys	If Undar 24 Hrs. Hours Min.	8. Deta of Birth (Month, Dey, 2-13-	Year) 59	Country	e (State or Fore	eign
	pu »		Usuel Residence of Decedant  10a, Steta 10b, County		400 03	. Taum and an							
	e Maryla Se-f shor	ctor		N/A		y, Town or Loc Baltimo					100	Inside City Lim	
	23a or 2	Funeral Director	10e. Street and Number 2642 Wilken	s Ave.			10f. Zip Code 2	1223	10	g. Citizen of V US	What Country A	?	
020	iges 1 and 2 should be filed within 72 hours after death with the Maryland not Health and Mental Hygiene. If flow 27 is marked other than "naturel", or flows 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at	by	11. Marital Status 1 Never Merried 2以 Merrie 3 Widowed 4 Divorced	Armed Fo	2 No	H	/es Decedent of H Yes, specify Cub	Hispanic Origin? (Sp en, Maxican, Puarto Specify:	ecify Yas or No- Rican, etc.)		ce - American ck, White, atc		
21215-0020	d within 72 ho piene. r than "natur the Movicol	Completed	15. Decedent' (Specify only highest Elementary/Secondery (0-12) 1 2	s Education grada completed) College (	1-4or 5+)	(Giva k lifa. D	ent's Usuel Occup kind of work done O NOT use retire	during most of work	ing		usiness/Indus		
Maryland	Jid be filed Aental Hygriked other tic event,	To Be C	17. Father's Neme (First, Middle, L John Michael	ası) Trawinsl	ĸi.	,		18. Mother's Nem Ruth	e (First, Middle, M May Pros		na)		
	alth and h		19a. Informent's Neme/Reletionsh Rebecca Trawi	lp <i>(Type, Print)</i> nski /wif	e .			and Number or Aur ns Ave. B			State, Zip Co 21223	vde)	
Baltimore,	permit. Pages I and 2 should be filed with Department of Health and Mental Hygiene. Important: If them 27 is marked other than any injury or other traumatic event, that anone.		20e. Method of Disposition  1 ☐ Burlal 2 ☐ Cremetion  4 ☐ Donetion 5 ☐ Other (Sp.				ition (Neme of atory or other ple Cremator	,	Dete 2 -5-96		City or Town		
Balti	permit. Pa Departmer Important: any Injury once.		21. Signature of Funerel Service L	icensee	ella		Neme and Addre Cvach/Ro	sedale Fu saco Ave.	neral Ho	me ro MI	2123	7	
			23a. Part1. Enter the diseese, or of shock, or heart leilure. List of	complications that of	aused tha deat					-	A	proximete	
	Physician /Medicai Examiner		Immediate Ceuse (Finel disease or condition resulting in daeth)	9	Mu		e I	Mune			Ö	terval Between nset end Death	
75	death certificate be executed e attending physician and of for use as the burlal-transit	Examiner	Sequentially list conditions,	b	- Elvi	or es e consequ							
68760,	oe exe cian a purial-		Sequentielly list conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that initiated events										
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9 x	ling p			d	/								
Вох	attendi	Physician/		<b>U</b>	1								
0	the de yy the a	/sic	Pert II. Other eignificant condition	contributing to de	eath but not res	ulting In the un	derlying cause giv	ven in Pert i.	23b. Did tob	acco uee co	ntribute to th	e cause of dea	nth?
<b>Q</b>	# 9 m				)				1 □ Ye	2 200	3 Probab	oly 4 Unkn	own
Records,	aw requires as been sign 2 should be	Completed by							24a. Was an perform		avalla	autopsy finding ble prior to letion of cause ath?	js
R	0 - 5	No.							1 X Yes	s 2□No	DEY	es 2 No	
Vital	delan: The certificate rector, pag	Be	25. Wes case referred to medical					28. Plece of Deat	h (Check only one	)			
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(	Funes	edical C	29e. Certifier 1□ Certifying 2∑ Medical E	xaminer: On the bi	best of my kno asis of examine ner steted.	wledge, deeth	occurred et the til estigetion, in my o	me, date end pleca, opinion, deeth occur	end due to the cered at the time, de	use(s) end ma	anner as stete and due to th	id. a cause(s)	
	with To II	ž	29b. Signature and title of certifier	Α.	_		29c. Licens	se number	29	d. Dete signe	d (Month, Da	y, Year)	

30

State 31. Dete file (

deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

JAN.31,1996

OCME

DHMH 16 Rev 6/95

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

					aryrand		tificate of	Death		Reg. No.	0 2	2000
П	Physic	an	Decedant's Nama (First, Middla, La	•					2. Date of De Month	Day	Year	3. Time of Death
4	/Medi			Thrasher					Februar			8:10 A.M.
Í	Examir	ner	4a. Facility Nema (If not institution, giv		)			4b. City, Town, or				
L			4217 Powell Aven 5. Social Security Number 6. S		ge (In yrs. la:	nd biotholous	If Under 1 Year	Baltimo:	_	N/Z		(0)
	Funeral Director			OM 2⊠F	66	Yrs.	Months Days			y. Year)	Coun	laca (Stata or Foreign toy) 'Land
	_		Usuel Rasidanca of Dacedent						DCC.25	,1727	iidi y	Tulia
	ylenc how		10a. Slata 10b. County		10c. City,	Town or Loc	alion				1	Od. Inside City Limits
	Ma Ma	ç	Maryland N/A		E	Baltim	ore City					1 ∑ Yas 2 No
	F 92 92	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of V	Vhal Coun	try?
	23a	rai	4217 Powell Aven	ue			21206			United	State	S
Baitimore, Maryland 21215-0020	n 72 hours after death with the Maryland "natural", or Itema 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 □ Never Married ②□ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forcas? 1 Yes 2 X If Yas, Giva Yaar or Datas:		If	les Decedant of Yes, specify Cub ☐ Yas 2☑ No	Hispanic Orlgin? (S en, Mexican, Puerl Specify:	specify Yes or No to Rican, atc.)		e - Americ k, Whita, (	
2-0	72 ho	ted	15. Decedent's Ed	ducation		16a. Deced	ent's Usual Occu	petion during most of wo	dile	16b. Kind of Bu	isinass/inc	luatry
21		Completed	(Specify only highast gra Elamantary/Secondery (0-12)	College (1-4or		life. D	O NOT use retire	during most or wo	rking			
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Mai	12 sh and la m		19a. Informant'a Name/Relationship ( Edwin Lee Thrashe					t and Number or Ru				
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E	pemit. Pa Departmen Important: any injury		4 Donation 5 Other (Specif		Gard		f FAith			Baltimo		ryland
Ba	permit. Pages 1 end 2 Department of Heelth s Important: if item 27 lie any injury or other tra once.		21. Signature of Funaral Sarvice Licer	h. h.	1	1	Name end Addr	ller, Inc		elair R		21206
			200 Dathler	M. Men	my						y Lanu	
	A		23a. Párt1. Entar tha disaasa, or com shock, or heart failura. List only	one causa on aadii	ine. Death.	Do not anta	r tha moda of dy	ng, such as cardia	c or respiratory e	rrest,	1	Approximata Interval Between Onset and Death
	Physician /Medical		Immediata Causa (Final		1		0					40
	Examiner		disease or condition resulting in death)	80	Cel	ncer.	ury		-		- 1	8 conon los
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	ficate be executed physician and is the burial-trensit	Examiner	Sequentially list conditions,	b. —————	Dua to (or a	as a consequ	ence of):					
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	entific ding p			d								
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P.0.	tha de	ysic	Part ff. Other significant conditions of	ontributing to death b	out not rasult	Ing in the un	darlying causa gi	van in Part I.	23b. Did	tobacco use cor	ntribute to	the cause of death?
	thet the detail								10	Yes 2□ No	3 Prot	eably 4 Unknown
Records,	requires ween sign hould be	d by							24a. Was	an autopsy	24b. Wa	ire autopsy findings
00	> 11 0	lete								rmed?	COI	allable prior to mpletion of cause death?
Je .	me law ate has b page 2 si	Completed								Van 000		
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7	s cartific director,	To B	examinar?	Hospital: 1 ☐ Inpatie	ant 2 El	R/Outpatient	3□ DOA Ot	her:	/	dence 8 □Oth	er (Specifi	/)
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ior	Attending Ph ar death. ector: After thi by the funeral	atio	1 Accidant 5 Pending Invastigation	1	y roar,	Injury		Yas 2□No				
Division	2 4 2 -	Certification:	3 Sulcida 6 Could not be datarmined	288. Place of in	jury - At hom c. (Specify)	e, farm, stre	el, fectory, office		28f. Location (: City or To	Street end Numb vn, Stata)	er or Rura	l Routa Number,
	To the Hospital or within 24 hours effer To the Funeral Director completely filled in	edicai	29a. Certifier 1 Check only one) 1 Medical Exam	ysician: To the best niner: On the beals o and manner at	axaminatio	edge, daath n and/or inve	occurred et lhe ti estigation, in my	ma, deta and place opinion, daath occu	e, and due to the urred et the tima,	cause(a) and ma data and place,	nner aa at and due to	ated. the cause(s)
	To the Com	×	29b. Signeture and titla of certifier	4.0			29c. Licen			29d. Defe signe	(Month,	Day, Year)
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1	10		30. Name and addrass of person who	complated cause of c	death (Item 2	23a) (Type, F	rint)	8487 eARE D		1		4
			MYO THANT	9101	FRAM	IKU1	N Sou	eARE DY	21VE	BK TO)	MO	121237

6.

ML ITEMS: 23 PART I, 27, Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PER ME0 FILM 6-732 2/21/96 t.t State of Maryland / Department of Health and Mental Hygiene 9 6 0 2 8 6 4

			1. Decedent's Neme (First,	Middle, La	st)			tificate	J		2. Dete of De	Reg. No.	-	3. Time of Death
	Physic			,							Month	Dey	Year	
	/Medi		MONAY  4a. Facility Name (If not ins	titution ois	a atract and aum b		V	AUGHN		b. City, Town, or Lo	FEBUA	RY 01	1996	8:22 AM
	Exami	ner				er)			34	b. City, Town, or Li	ocation of Deeti	4c. County		
			UNIVERSITY	-						BALTIMO			n/a	
	Funeral Director		5. Social Security Number	6. S	7. ☐ M 2√√√F	Age (In yrs	i. last birthday) Yrs.	Months [	Year Deys	Hours Min.	8. Dete of Bir (Month, Da OCT 4	th y, Year) , 1995	9. Birthp Coun B	lece (State or Foreign (X) ALTIMORE, N
	2		Usual Residence of Deced											
ř	show		10a. State 10b. 0			10c. C	ity, Town or Lo			_			- 1	0d. Inside City Limits
	Part of the	cto	MD	n/a				BALTI	MUK	t				1)(C)(Yes 2□No
At the at	23a or 2	al Director	10e. Street end Number 876 WASI	HINGTO	ON BLVD	).		10f. Zip C		21230		10g. Citizen of UNITED	What Coun STA	
	ined within 7 z nouts artar death with the Maryland Hygions. ther than "natural", or items 23e or 28e-f show ort, the Medical Examinal must be not lied a	by Funeral	11. Marital Status 1 X Never Married 2[ 3 Widowed 4 Dh		12. Wes Decede Armed Force 1 Tyes, Qive If Yes, Give Year or Dete	os? □ No		Vas Deceder Yes, specify		spanic Origin? (Sp n, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	14. Red Ble Specif	ce - Americ ick, White, by: WH	
	i within 72 ha	Completed	(Specify only Elementary/Secondery (	-	ducetion de completed) Coilege (1-4d	or 5+)	(Give life. L		Occupa done d ratired	ation furing most of work )	ing	18b. Kind of B		lustry
7	Hygiena. ther than		none 17. Father's Nama (First, M	liddle ( ant)				BABY		10 Markada Mari	Africa Adioballa		n/a_	
1	a a b	Be	FREDERIC		AUGHN					18. Mother's Name		ONAN	ne)	
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	tra p		19a. Informant's Neme/Ra RUTH Ch	APIN	rype, Print)					and Number or Run NGTON BL		ALTIMORI		21230
	FES		20e. Method of Disposition			20b.	Plece of Dispos	sition (Neme	of		Deta	20c. Location		
	nent on int: If		1 ⊠ Suriel 2 ☐ Crem 4 ☐ Donetion 5 ☐ Ot	her (Specify	y)	te M7		CEMI	ЕТЕ	RY 2-7-	-96	LANSD		
	Department Important: any Injury		21. Signature of Funeral Si	arvice bicen	0.00		22	WM. C		S of Facility  ARCH FH.	-1101	E. NORTH	H AVE	ENUE
7			23a. Part1. Enter the disease shock, or heart failure	se, or comp	plications that caus one cause on each	sed the dee	th. Do not ente	or the mode o	of dyin	g, such es cardiec	or respiratory e	rest,		Approximete interval Between
	hysiclan /Medical		Immediate Cause (Finel disease or condition		SUDD	EN INE	ANT DEATH	SYNDRO	ME				1	Onset and Death
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Dhyeloleo.	is certific director,	o Be	examinar? 1 XYes 2 No	Guicai	Hospitel:	ations XP	VED/Out-Non	20.004	Othe	26. Place of Deat			10	
	h. Aftar this funeral d	tion: To	27. Mennar of Death	Pending nvestigation			XER/Outpatien 28b. Time of Injury		. Injury Work	4 LI Nursing Ho		now injury occur		")
or Attachling		Certification:	3 Suicide 6 □ 0	Could not be letermined	28a. Place of	Injury - At h	noma, farm, stre			143 2010	28f. Location (: City of Tox		ber or Rura	I Route Number,
toendant	Poly filling	edicai Ce	(Check only 2 Me	rtifying Phy	ysician: To the besiner: On the basis	st of my kn	owledga, daath ation and/or Inv	occurred at t	the tim	a, data and place, pinion, death occurr	and dua to tha	causa(s) and m	annar as st	ated.
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P	3 = 8		100m	-1	. 11/10									
ř			20 Name and address of	e yor	e mill	dent the	m 02a) /T		С.	M.E.		FEBURA	ARY 0	2,1996
			30. Nama end eddress <sup>1</sup> of p	D.K	Oran M	√ <b>111</b>	Penn		et,	Baltim	ore, M	larylar	nd 21	.201
П	Sta Registr	te	FEB 0 6 19	96	alia d'audi	strar's olgr	alure Lelk							

BALTIMORE, MARYLAND 21215-0020

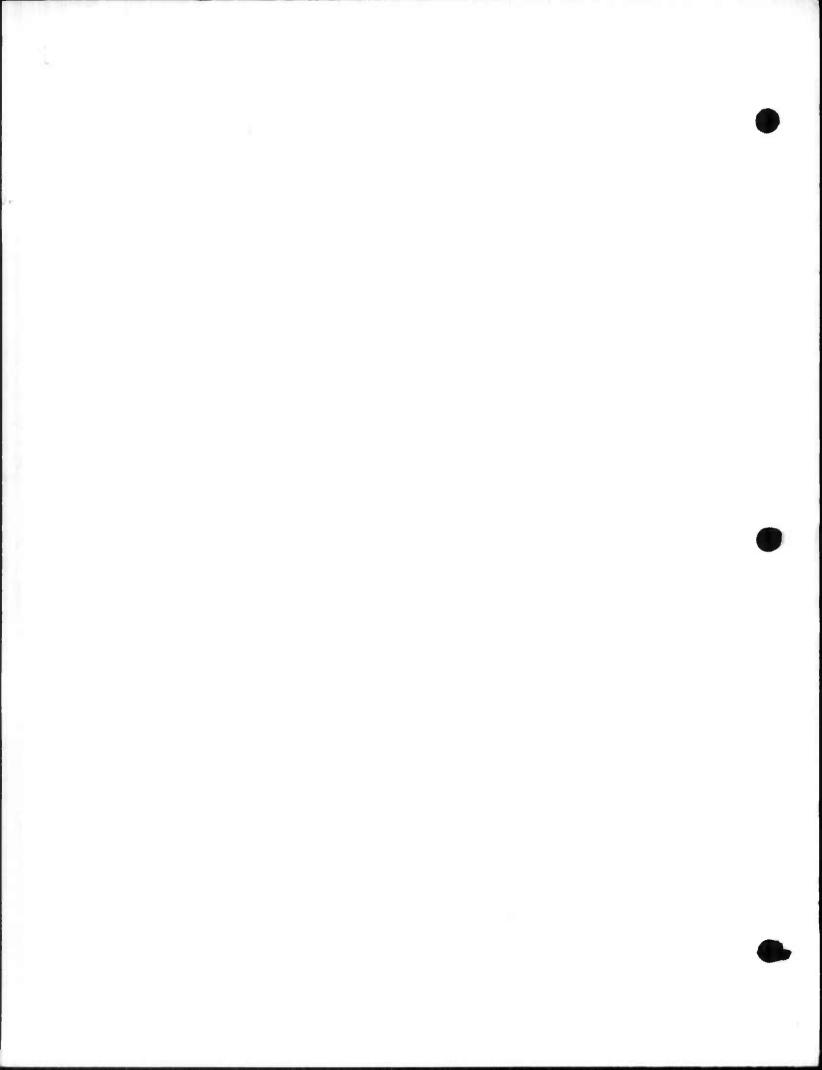
TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flow is that death. Page 6 may be retained by the hospital or attending physician.

TO HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hide within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	12)1	1813	)					2. DATE OF DEATH MONTH DA	Y , ,	YEAR 96	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF BIRTH	41,		IPLACE (State or Foreign
	215-10-5259		1 □ M 2 🔀 F	83		MONTHS	DAYS	HOURS	MIN.	FEB. 27,19	12	Countr MAR	YLAND
~	90. FACILITY NAME (If not in							OR LOCATI		EATH		INTY OF D	
DIRECTOR	PIKESVILLE		G HOME			E	BALT.	IMORE	<u> </u>		BAL	TIMO	RE
E I	10e. STATE	10b. COUNTY			10c. Cl	ry, TOWN	OR LOCA	TION					10d, INSIDE CITY
	MARYLAND  100. STREET AND NUMBER		N/A			BAI	TIM						LIMITS?
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FUNERAL	14 W. COLDS	PRING						2121	-		L		USA
	12 Never Married 2	Merried		YES 25			If yes, sp	ecify Cube	m, Mexico	NIC ORIGIN? (Specify Yes	or No	14. RACE Black	American Indian, c, White, etc.
Э ВУ	3 Widowed 4 Divo	road	IF YES, GIVE W	AR OR DATES			1 [] YES	2 📉 NO	Specif	y:		Speci	WHITE
E	15. DEC (Specify onl	EDENT'S EDUC y highest grade	completed)	- 1	Give kind of	work done	during me	ON ost of working	ng	16b. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 d	-)	Ne. Do NOT u								
ž l	17. FATHER'S NAME (First, M				CLERI							BALT	IMORE
								18. MOT	HER'S NA	ME (First, Middle, Maiden :			
BE	SAMU  196. INFORMANT'S NAME (1				KIS					ROSE		JNKNO	WN
2										Route Number, City or Town			
	MR. MORRIS  20a. METHOD OF DISPOSIT								SUI	TE 800 BAL			
	1X Buriel 2 □ Cremetic 4 □ Donation 5 □ Other	n 3 🗆 Remo	ovat from State		EAND DATE				IAIM)	2-2-1996	BALT	IMOR	wn, State E, MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	-						& BROS., I			
	► alle	MUL	Aben	Mot	2							'IMOR	E, MD 21215
	23. PART I. Enter the d	seases, or c	omplications the	t caused tha	death. Do								Approximate
	IMMEDIATE CAUSE (Fir		List only one cau				0						Interval Batween Onset and Death
	disease or condition resulting in death)		TANC	REAT	7	(	A	Rei	NO	mA			mout
1	roading in odding		DUE TO	(OR AS A CONS	EOUENCE C	rF):							1001141
N N	Sequentially list conditi	ons.											
Ě	if any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):							
FIC	CAUSE (Disease or Inju		DUE TO	(OR AS A CONS	FOUENCE O	E)·							
CERTIFICATION	resulting in death) LAS	т 📗		(01110110110	EGGENGE G	. ,.							
S			l										
₹	PART II. Other algnifica	nt condition	contributing to	death but no	resulting	the u	nderlyin	g cause (	given in	Part I. 24a. WAS AN /		246.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	CHRON	116	UBSTR.	DCTIVE		ulm	ONT	TRY	D	16/116 1 UYES 2			COMPLETION OF CAUSE OF GEATH?
ME													1 YES 2 AND
	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DE	ATH Y	ES 🗆	NO [	UNC	ERTAI	4 D			54.00
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PL	ACE OF DEA	TH (Check	_						
YSI	1 YES 21 NO		1 Inpatient 2		3 DOA			10 5 A	sidence	6 Other (Specify)			
퓝	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, Di		28b. TIM	IE OF JURY	28c. tNJ WC	URY AT		28d. OEŞCRIBE HOW IN	JURY OC	CURED	
à l	2 Accident	investigation				М.		YES 2	NO				
		Could not be determined	building,	F INJURY At atc. (Specify)	home, farm,	street, 1ac	tory, offic	•		281. LOCATION (Street at City or Town, State)	nd Number	or Aural A	oute Number,
	290. CERTIFIER J CERT	IFYING BUVE	MAN: To the host of	mu knowleder	double access	nd et et		and -1					
COMPLETE										to the cause(s) end mani- time, data end place, end			end menner es stated.
	296 SIGNATURE AND TITLE								ENSE NUM				(Month, Day, Year)
TO BE	Jasnee	un.	Lace	ani	N	11		De	12	20	W)	1.1	30
F	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS			Pany .		112.	0 -	Ave, K	300	DIA	1. 9.0.0
	31. DATE FILED (Month, Day,	) <u>(</u>	AKHAAA	11, 72	0	PAR	K.	456	かけ	3 HUEIN	UTC	10 10	11 04 208
	FEB 0 6 19		la d'Audas	R'S SIGNATURE									
					_								



3. TIME OF DEATN

REG. NO.

DAY

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

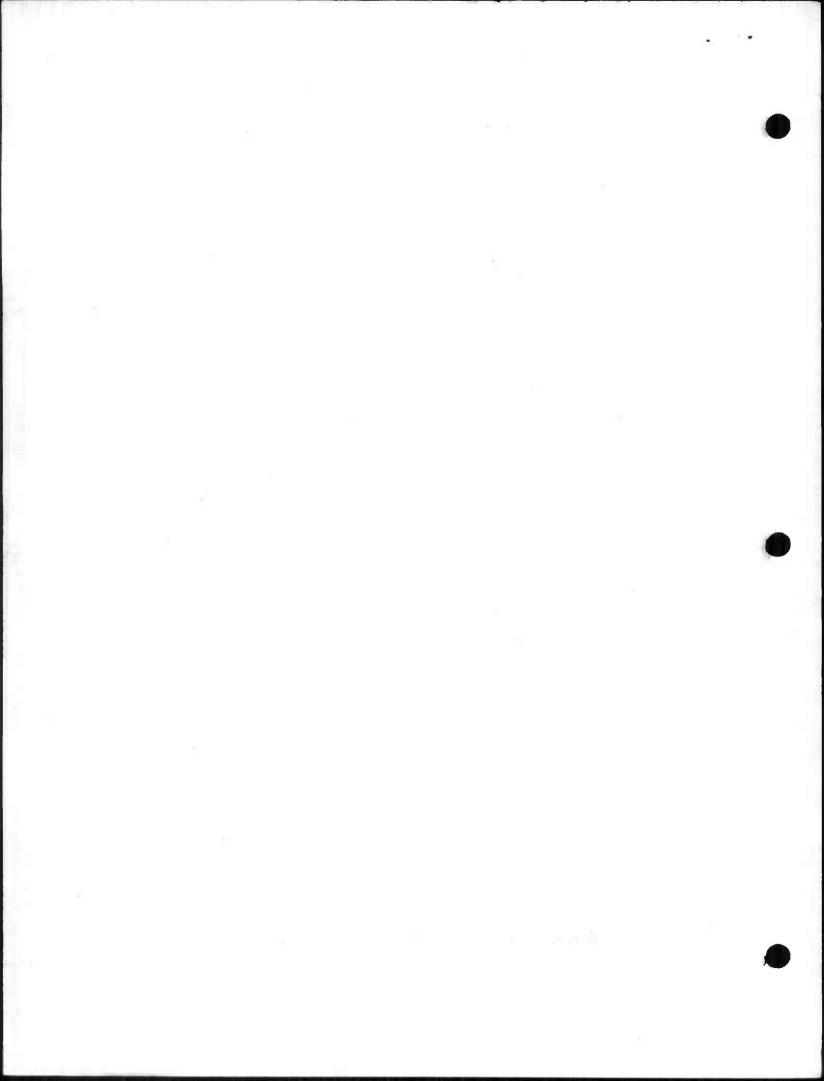
share February 12345 AM 50 11 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. lest birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 216-34-4273 57 Nov. 9, 1938 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Johns Hopkins Bayview Medical Center Baltimore N/A DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Maryland Baltimore TY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21231 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 16 N. Chester Street 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 X Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) 5 + COMPL Architect Architecture page 5 should be detached once. 17. FATHER'S NAME (First Middle Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Evelyn R. Almasy Robert A. Watson, Jr. 76 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Alexander P. Watson 1801 Eutaw Place Baltimore, MD 21231 pe 20e. METHOD OF DISPOSITION
1 
Burlel 2 
Cremetion 3 
Removal Irom State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, Metro Crematory, Inc. 02/02/96 Baltimore, MD 4 Donation 8 Other (Specify) TUNERAL SERVICE LICENSEE DAWN examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. McDonald funeral O 299 Frederick Road Baltimore, MD 21228 filled in by the figure, or removal. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the cremation. disasse or condition DUE TO (OR AS A CONSEQUENCE OF): queme completely resulting in death) event, and com ACUTE Bucterias trucheobrachitic traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if sny, leading to immediata cause. Entar UNDERLYING attending physician ntal Hygiene prior to DR ATTENDING PHYSICIAN: The law requires that the death certificate be PHEUMONIA other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST RETURNICE INFERTION 0 the atten Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? and or AVAILABLE PRIOR TO amy signed l COMPLETION OF CAUSE 1 YES 2 NO shows 1 TES 2 NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN A PHYSICIAN: Dept. 23 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL ltem. certificate h the State 1, or Item 1 TES 2 NO HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6/9 8 Could not be COMPLETED DIRECTOR: / 4 Nomicide 28 item 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee attend. FUNERAL C within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occursd at the time, date end place, and due to the cause(e) and menner as stated. MPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE · H N3826 HHT 12-2-96 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SULKOWSKi Ross 1159 THH BALTIMORE 31. DATE FILED (Month, Day, 187) 32 Accestion & BIOMATURE Falsa d'Awaleon Randall ONMN-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RICHARD JAMES WATSON





Item4c 2-6-96 FilmG732 W.H.Per F/H
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

riease Type of Print III black indenble link. Assure All Copies Are	regible.	
State of Maryland / Department of Health and Mental Hygiene	96	02867
Certificate of Death	20	02001

						Cer	tificate of	Death		Reg. N	lo.			
	Dhusia	1	1. Decedent's Neme (First, Middle, Lo						2. Date of Month	Death	Pey	Year	3. Time of E	Death
	Physic /Medi		Fred W	yler					Jane			996	5:101	AM
	Exami		4a. Facility Neme (If not Institution, gi		er)			4b. City, Tov Batti	m, or Location of De		c. County	of Death	_	
	Funeral Director		214-18-1052	Sex 7	Age (In yrs. last 82	birthdey) Yrs.	If Under 1 Yee Months Days		Min. (Month.	Birth Dey, Year	,1913	9. Birthpl Count FRAN	lece (Stete or try) ICE	Foreign
	fand		Usual Residenca of Decedent  10a. State 10b. County		10c. City, To	own or Loc	cation					10	0d. Inside City	/ Limits
	the Mary 28a-f sh	ector	MARYLAND  10e. Street and Number	N/A			BALT	IMORE		10- 0			1 🖾 Yas	
	ath with	Funeral Director	6711 PARK HEIGHT	S AVE.APT	. 313			215		Tog. C	US	Vhat Coun A	lry r	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any fujury or other treumatic avant, the Modical Examinat must be notified at another and any figure.	by	11. Marital Status  1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Deceder Armed Force 1 XYes 2 If Yes, Give Year or Deter	s? ☐ No	li li	Vas Decedent of Yes, specify Cu	ben, Mexican,	in? (Specify Yes or Puerto Rican, etc.)	No-		a - America ck, White, e	etc.	
15-0	72 h netu	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	_10	(Give I	ent's Usual Occu	a during most	of working	16b. l	Kind of Bu	usiness/Ind	ustry	
121	within sne. than	dm	Elementary/Secondary (0-12)	Coilege (1-4c	or 5+)		OO NOT use retir	,	ANAGER		WE	T.SCH	CONSTR	RUCTI
	Hygid ther		12 17. Father's Name (First, Middle, Las	t)		IXI	TAU DOIN	1	's Neme (First, Mide	dle. Meide			0011021	10023
Maryland	ould be Mental mrked o	To Be	GERSON		VOLLWE			CL	AIRE		SCHL	OSS		
	and 2 sh satth and n 27 is m		19a. Informant's Name/Relationship MRS . HELEN	(Type, Print) WYLER (WI					r or Rural Route Nur AVE, APT.					215
Baltimore,	Pages 1 nent of He nrt: If Itan		20a. Method of Disposition  1 X Burial 2 Cremetion 3 C 4 Donation 5 Other (Speci		ceme	of Dispos etery, crem SINA	sition (Neme of netory or other pl AI	ece)	2-1-1996			City or To		1117
Balti	Departm Importa any inju		21. Significant Funeral Service Man	ruge	i e	60	OlO REIS	LEVINS TERSTO	ON & BROS WIN ROAD B	ALTI		MD :	21215	
5	Physician /Medical Examiner	J.	23a Part . Enter the disease of conshoot, or heart failure. List only Immediate Cause (Finat disease or condition resulting in death)	. Pulmo	nary E	demo		ing, such as c	ardiac or respiratory	y arrest,		1	Approximete Interval Betwee Onset and De	een eath
Box 68760,	eath certificate be executed attending physician and for use as the bunial-transit	an/Medical Examiner	Sequentially list conditions, it sny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b	Due to (or as	× = 1/1.	Tilles er							
	0 0 2	Physician	Part II. Other significant conditions of	contributing to death	but not resulting	g in the un	derlying cause g	iven in Part i.	23b. D	id tobacc	o use cor	ntribute to	the cause of	death?
P.O	requires that the de been signed by the i should be detached	by Phy	Tonic - Clonic Seis	eures, Ae	ute Tub	ular	Necrosia	٢,	1	☐ Yas	2 🗆 No	3 Prob	ebly 4)EU	nknown
of Vital Records,	≥ # N	Completed t	Non-insulin depe	endent di	abeles mu	ellitu	s, hypen	-tension	24a, W	as an sute informed?	opsy	ava	re autopsy fin illable prior to npletion of cau leath?	
a F	E # #								10	☐ Yes 2	2 No	1	Yes 2 N	10
Vit	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical axaminer?	Hospital:			10	28. Place	of Death (Check on	y one)				
	Phys ral dis	lon: To	1 Yes 2 No  27. Menner of Death 1 Naturel 5 Pending	28e. Date of In (Month, L	jury 28t	Outpetient  Time of Injury	28c. Inju	4 LI NUI	sing Home 5 Re 28d. Describ				)	
Division	Attan or deat octor: by the	Certification:	2 Accident investigatio 3 Suicide 8 Could not to 4 Homicide determined	e 28e. Place of i	njury - At home, etc. (Specify)	farm, stre	et, factory, office		28f. Location	n (Street a Town, Stat	ind Numb te)	er or Rurai	Route Number	er,
44	To the Hospital or within 24 bours after the Poneral Director Completely filled in	edical C	29a. Certifier (Check only one)	nysician: To the bes	of examination	ige, deeth and/or inv	occurred at the t estigetion, in my	ime, dete and opinion, death	place, and due to the control occurred at the time	ne cause( e, date ar	s) and ma nd piece, s	nner as sta and due to	ated. the cause(s)	
	within 24 To the F	Me	29b. Signature end title of certifier				29c. Licen	se number		29d. D	ete signer	d (Month, L	Day, Year)	1111
7			Mi y c	hung	MD			2321 K	YC 9914	Jan	mary	31	1996	
			30. Name and address of Verson who Ki Young Chung	Sinai Ho				Bal	timore m	P 2	1215			
	Sta Registr		31. Date liled (Month, Dey, Year) FFR 8 6 199		strar's Signature	and II								

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# Item1 2-6-96 FilmG732 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	D. N. S		· icasc	. ypo or r mic		it indendie in			_	DIC.	
				State of Mar	yland / [	Department of		Mental Hy	giene	96	02868
	_					Certificate of	f Death		Reg. No.		
п	Physici	an	Decedant's Neme (First, Middle, Last	1)				2. Date of Do	eath Dey	Year 3	. Tima of Death
	/Medi		SHEPARD	WRIGHT	SR.		,	FEB.	01, 1	996	0952 AN
J.	Examir	ner	4e. Fecility Neme (If not institution, give				4b. City, Town, or		th 4c. County	of Death	
		М	1424 DRUID HIL				BALTIM			JA	
	Funeral		5. Social Security Number 6. S	7. Age (i	n yrs. last bir	thday) If Under 1 Yee Yrs. Months Day			rth ay, Year)	9. Birthplace Country)	(Stata or Foreign
	Director				6/	113.		7-7	7-28	S'outh	Carolin
	tand to		10a. Stata 10b. County	1	Oc. City, Town	or Location				10d.	Inside City Limits
	Mary	Ö	Md		Balti	more					Yas 2 No
	28e	Director	10e. Street end Number		000111	10f. Zip Code			10g. Citizen of N	What Country	)
	3a o	0	1424 David	HILL A	venu	e 212	17		115	0	
	death	Funeral	11. Maritai Status	12. Was Decedent Eva		13. Wes Decedent of	Hispenic Origin? (S	Specify Yas or N	o- 14. Rac	e - Amarican I	ndlan,
0	or he		1 Navar Married 2 Married	Armed Forces? 1 ☐ Yas 2 X No If Yas, Give		1 Yes 2 N	ıban, Maxican, Puar	(o Hican, a(c.)		ok, Whita, atc.	1.
8	ours raf,	1 by	3 □ Widowed 4 Divorced	Yaar or Datas:		TILI Yes 2/A(N	o Specify:		Specify	Bla	CR
ς.	72 h	etec	15. Decedant's Ed (Specify only highast gra	ucation da completad)	16a.	Decedant's Usuai Occ (Giva kind of work don	upation a during most of wo	rkina	16b. Kind of B	usinass/Indust	ry
Maryland 21215-0020	filed within 72 hours efter death with the Maryland Hygiene. Ther than "natural", or ferms 23a or 28a-f show ont, the Medical Examinet must be notified at	Completed	Elementary/Secondary (0-12)	Coilege (1-4or 5+)	r-	lifa. DO NOT usa rati	red)		food		
7	Hygiene Hygiene ther the		17. Fathar's Name (First, Middla, Last)	NIK	1+0	od Vend	7	ma (Eisat Middle	, Maidan Sumen		
an	od be	Be	Tuling III	riabt			10. Mothar siva	NIA (71131, WILLIAM	, Maloan Somen	7e.)	
2	d 2 should be filed within 72 hours efter death with the Marylar th and Mental Hyglene. 7 is marked other than "natural", or ferms 23s or 28s-f show thermarks overly, the Medical Example in the treatment.	To	19a. informant's Neme/Relationship (1	ina Print)	19h	. Mailing Address (Stra	at and Number or P	J IV C	or City or Tour	State Zin Co	dol
20	and 2 s baith ar n 27 is		Branda Tohnson	1/daught	and .			1	itimore.	M.d	21212
re,	- 조토화		20a. Mathod of Disposition		20b. Plece of	Disposition (Nama of		Data	20c. Location -	City or Town,	
more,			1 ☐ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			y, crematory or other p	iace)	2-7-96	Randa	11chin	n, Md.
a	교 등 문 등		21. Signature of Funarai Sarvice Licen		3		rass of Fecility			1 1000	1111.
ä	Depa Impo any is		Daposo 10	a) Cox	r/	March fu H300 Wak	neral Hor	ne - Was	t more	Md 21	215
	_	_	23a. Part1. Entar tha diseesa, or comp	lications that caused the	a death. Do r					Ap	proximata
Υ.	Physician		shock, or heart feilura. List only	ona cause on eech lina.						Int	arvai Batween set and Death
Ž.	/Medical		Immediate Causa (Final diseasa or condition								
n	Examiner	5	rasulting in death)	a Arterio		Otic Caro	liovascu	lar Di	sease		
	D #	Examiner									
	be executed ician end burial-transit	am	Sequentially list conditions,	Du	e to (or as a	consequence of):					
,60	e exe vrial-		Sequentially list conditions, if any, leading to immadiata cause. Entar Underlying Cause (Disaase or injury							İ	
-	ate b hysic	dicai	that initiated events rasulting in death) Last	CDu	a to (or es a c	onsequance of):					
89 X	deeth certificate be executed attending physician end of for use es the burial-transit	Physician/Med		d						1	
Box	eth c	ian		u						i	
o.	D 0 0	ysic	Part II. Other significant conditions co	ntributing to death but n	ot rasulting in	tha undarlying causa (	givan in Part I.	23b. Did	tobacco uee co	ntribute to the	cause of death?
<u>a.</u>	requires that the seen signed by the hould be detach							1 🗆	Yes 2 No	3 Probabi	y 4 ⊠ Unknown
ecords,	sign d be	d by						240 100	en eutopsy	24h Ware	autopsy findings
ò		Completed						perf	ormed?	availat	pla prior to
ě	Marson CV	dm							ECTION	of daa	
त	iclan: In		or Western						Yes ANO	1 🗆 Ya	s 2 No
3	ysician: The s certificate ha director, page	Be c	25. Was case refarred to medical axaminer?	Hospital:			Whor	ath (Check only			
0	ding Phys	To To	27. Mannar of Death	1 ☐ inpatiant	2 ER/Ou	Ipatient 3LI DOA	4 Li Nursing F	1	dence 6 Oth		
5	ding th. Afte	tion	Natural 5 Panding invastigation	(Month, Day Yo		njury W	ork? ⊒Yas 2 ⊒No	250.000.00	non injury dood.	.00	
DIVISION	after death.  Director: After this certific d in by the funeral director.	flica	3 ☐ Suicide 6 ☐ Could not be	28a. Placa of Injury	- At home, la	rm, street, factory, office	9		Street and Numb	er or Rural Ro	oute Number,
5	スモキロ	Certification:	4 Homicida datammed	building, atc. (3	Specify)			City or To	wn, Stata)		
	Hospital or     124 hours afte     Funeral Dir     letely filled in			sician: To the best of m							
	the H in 24 he Fi	Medicai	XXMedical Exam	ner: On the basis of ax end manner stated	amination and	vor investigetion, in my	opinion, daath occu	irred at the time,	data and place,	and due to the	causa(s)
	To the vithin 2 To the complet	Σ	29b, Signature and title of certifier	1 0		29c. Licar	nse number		29d. Date signe	d (Month, Day	, Year)
			/ low	torke	my	0.	C.M.E		FEBRUA	RY 1,	1996
			30, Name and admission person who o	ompleted causa of daati							
			J. CARON LOCK	E, IND	111	Penn Stre	et, Bal	timore	, Maryl	and 2	1201

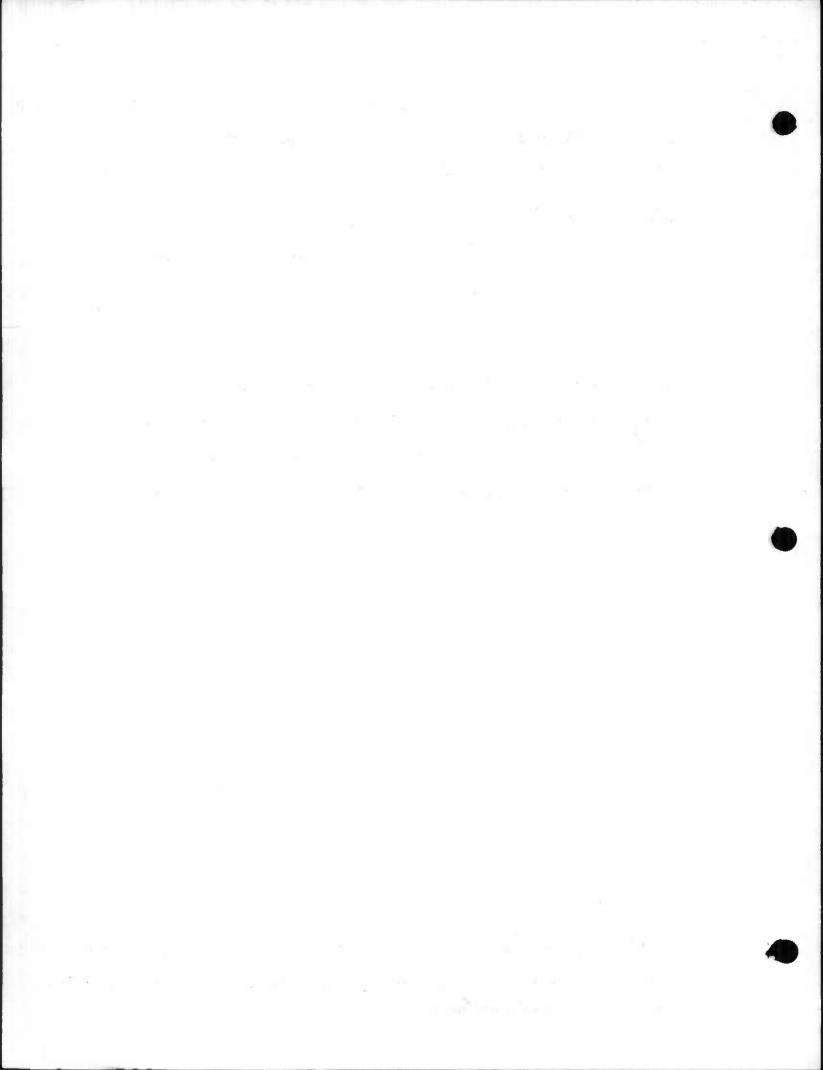
State Registrar

J. CARON LOCKE, MA 31. Data filed (Month, Day, Year) FEB 0 6 1996

# Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible 2869 State of Maryland / Department of Health and Mental Hydiene

1			Certificate of Dea		, 0	g. No.	
	Physici	an	Decedent's Name (First, Middle, Last)		2. Dete of Death Month		3. Time of Death
Y	/Media	al	DION WILLIAMS		FEB.0	1,1996	22:30 P
7	Examir	er		ity, Town, or Loc ALTIMO		4c. County of	Death / /
	Funeral Director		5. Social Security Number 6. Sey 7. Age (In yrs. last birthday) If Under 1 Year If U 20 -82-8161 Pays Ho	ours Min.	8. Date of Birth (Month, Dey, Sept. 10	Year) 9	Birthplace (State or Foreign Country)
	dand w		Usuel Residence of Decedent  10a. State 10b. County 10c. City, Town or Location				10d. Inside City Limits
	a-fah	tor	Md N/A Baltimore				1 Yes 2 □ No
	vith th	Dire	10e. Street end Number	_	10	g. Citizen of Wha	nt Country?
	eath v	Funeral Director	11. Maritel Status  12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispani	Origin? (Spe	hifu Ves or No-	U.S	American Indian,
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show out, the Medical Evantine must be notified at	þ	Armed Forces? If Yes, specify Cuben, Me  1 Never Married 2 Married 1 □ Yes 2 No	exicen, Puerto F	tican, etc.)		White, etc.
5-0	72 ho netur	eted	15. Decedent's Education 16a. Decedent's Usuel Occupetion (Specify only highest grade completed) (Give kind of work done during	a most of workin	0 1	6b. Kind of Busin	ness/Industry
121215-0020	filed within Hygiene. rther then ent, tre Me	Completed	Elementary/Secondary (0-12) College (1-40r5+) Wever work	ed		N/A	
and	od ala	Be	Nathaniel C. Williams R			elden Sumeme)	
Maryland		70	19a. Informant's Name/Relationship (Type, Print)  19b. Mailing Address (Street and N		Plower Route Number,		ate, Zlp Code)
	D = L =		Ruby Williams/mother 3413 hiberty H	eights	Ave Ba	1ti more	Md 21216
ore	Pages 1 an nent of Heali nt: If item 2 iry or other		20a. Method of Disposition  20b. Place of Disposition (Name of cemetery, cremetory or other place)			Oc. Location - Cit	1
Baltimore,							ire, Md.
Ba	permit. Departi		March Funera	al Home	-West	Md	21016
	HUSTE		23a. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	ch as cardiac or	respiratory arre	st,	Approximate interval Between
	Physician /Medical						Onset and Death
	Examiner		disease or condition resulting in death)  a. 4 0 0 0 0 0 5 TD Cut-	A PZZ	no ruc	MT LEG	
L	P #	iner	Due to (or as a consequenca of):				
	ficete be executed g physician and ss the bural-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause, (Disease or Injury c.				
68760,	e be e /sician e buris	edicai E	triat initiated events				
	5 D 0	-	resolving in death) Lest				
Box	death cert e attending ed for use	Physician/N	d				
o.	y the d	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in f	Part I.		11	bute to the cause of death?
S, D	ge g	by Pi			1 🗆 Ye	2 No 3	☐ Probably 4 ☐ Unknown
Records,	ew requir as been s 2 should	Completed			24a. Was an perform		24b. Were autopsy findings evallable prior to completion of cause of death?
	The ate h	Com			1⊠Yes	s 2 No	1 Ses 2□ No
Vital	Physician: The	o Be	examiner? Hospital:		(Check only one		
10	g Phys er this eral di	n: To	27. Manner of Death 28a. Date of Injury 28b. Time of 28c. Injury at			nce 6 Other ( w injury occurred	Specify)
sior	Attending r death. sctor: After by the fune	catio	2 Accident Investigation 2 -1-46 2158 PM 1 □ Yes	2 No	Surs	305	101
Division	A S S	Certification:	3 ☐ Sulcide 4 ☐ Homicide  4 ☐ Homicide  4 ☐ Homicide  4 ☐ Could not be determined  28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)		City or Town,	Stete)	or Rural Route Number,
0	Te the Hospital or within 24-hours aft. To the Funeral Dir completely filled in	edical	29a. Certifler (Check only one)  1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, dated the strength of the basis of examination and/or investigation, in my opinion, and menner stated.	ate and place, ar n, death occurre	nd due to the car d at the time, da	use(s) and mann- te end plece, and	er as stated. I due to the cause(s)
_	To Musical	Σ	29b. Signature and title of certifier 29c. License num	nber	29	d. Dete signed (f	Month, Day, Year)
			Marke Vone Youll OCME		]	FEB.02,	1996
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)  WALLAMIN A: WORSU WW 111 Penn Street,	D-31	•=====		

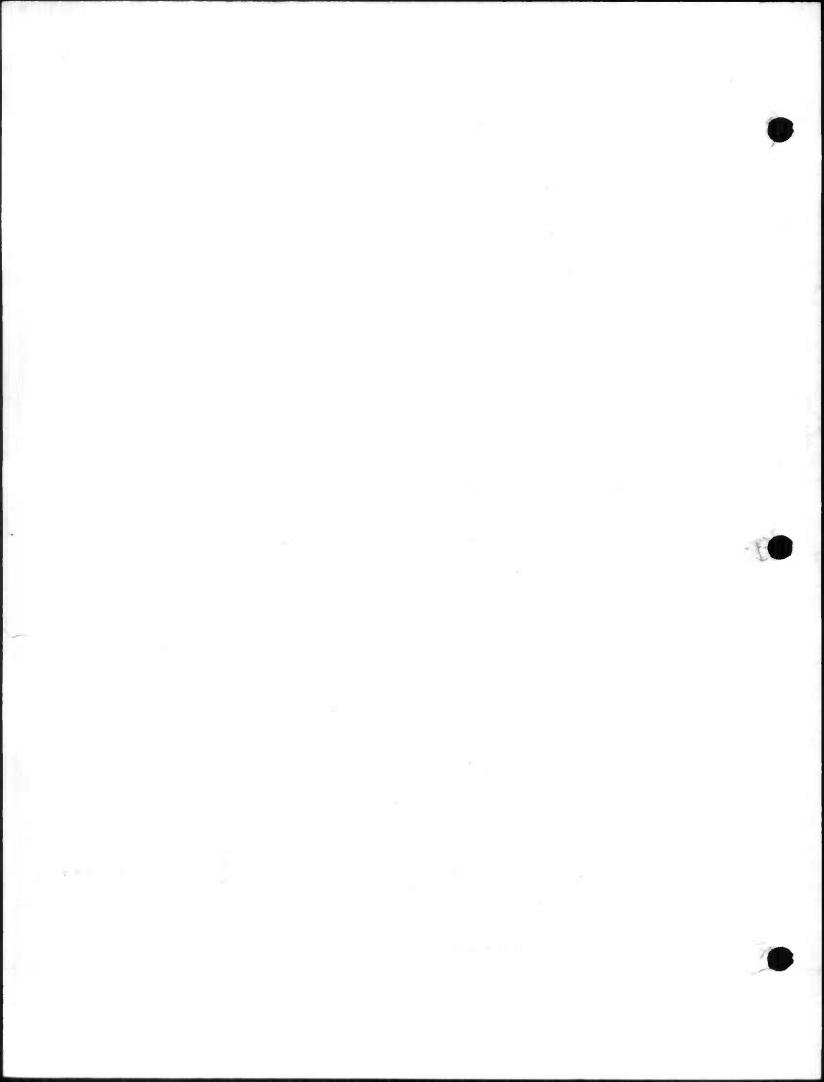
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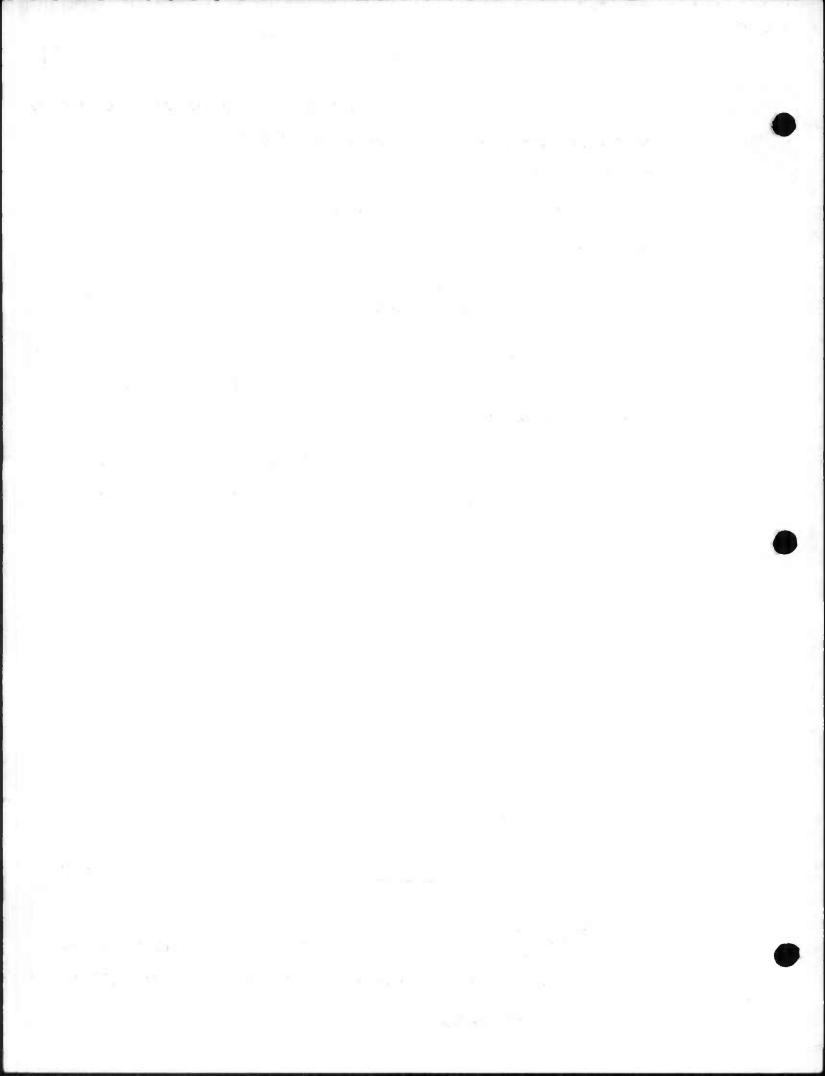
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	TO TA FUNE ALD INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be file Within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	MPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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								E		
200	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF MONTH		7	YEAR G	3. TIME OF DEATH  7:15 P M
1	212-60-3715 🕦 № 2 🗆 F 43	last birthday) YRS.	IF UNDER			7. DATE OF	BIRTH , 1	952	DAN	VILLE, VA
LOR	9a. FACILITY NAME (If not institution, give street and number)  BON S ECOUR HOSPITAL		9b. CITY			CITY		9c. COU		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  n/a	10c. CIT	Y, TOWN		MORF					10d. INSIDE CITY
	100. STREET AND NUMBER 607 CATOR AVENUE	1	-	101. ZIP C	ODE			_		WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES	ARMED X10		If yes, specify C	uban, Maxica	en, Puerto Rici			14, RACE Black	E — American Indian, k, White, etc.
COMPLETED	(Specify only highest grade completed)	S. BOX								
BE CO					FL(	OSSIE	LOVEL	ACE		
70	FLOSSIE WEAVER									.8
	1) Gurial 2 Cremetion 3 Removal from Stata 4 Donation 5 Other (Specify)	Crematory or C	ther place)	CEMET		2-8			-	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22.				-1101	Ε.	NOR	TH AE.
J. Opt.	shock, or heart fellure. List only one cause on each if	De					c or reapli	retory ar	real,	interval Between
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	SEOUENCE CO	-mr	mine	P	efreu	ney	. Ay	fndri	one.
MEDICAL	THUS	Ne	mu	nun		1	PERFOR	MED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PL EXAMINER? HQSPITAL:	ACE OF DEA	OTHE	only die)			Specify) N	IX		
ву РНУ	27. MANNER OF GEATH  1 Systural 5 Pending  26a. DATE OF INJURY (Month, 19, 1964)			28c. INJURY A WORK?	NA	-		AURY OC	CURED	
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, fac	tory, office				Numbe	ir or Rural I	Route Number,
COMPLETED	anal									a) and menner as stated.
BE	296. SIGNATURE NO TITLE OF CERTIFIER	D		290	LICENSE NU	HJ8	3 ·	29d. DA1	TE SIGNED	0 1336.
10	707, East Fort Aven	nie	e, Print)	3 reti	W OF	u,	Mol	212	130	7.
	FFD D DAMPE LIVE & A			<u> </u>						DHMH-16 Rev 1/8



**DHMH 16 Rev 6/95** 

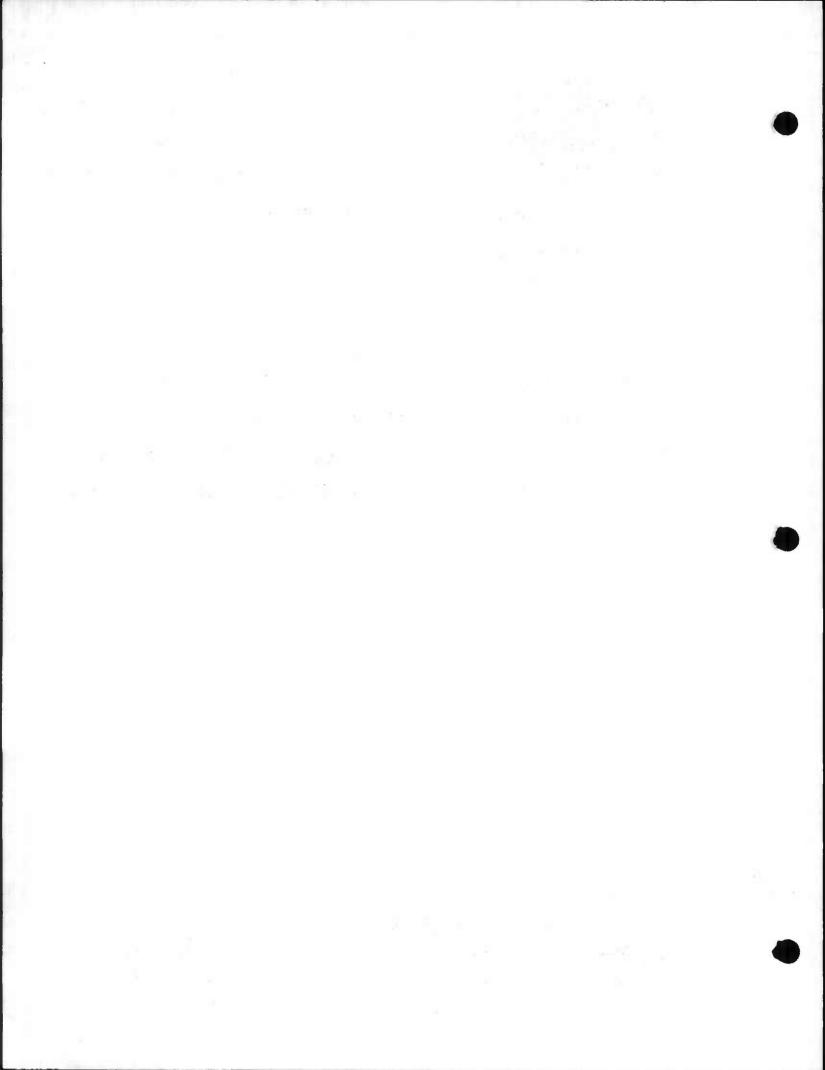


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State of Maryland / Department of Health and Mental Hygiene

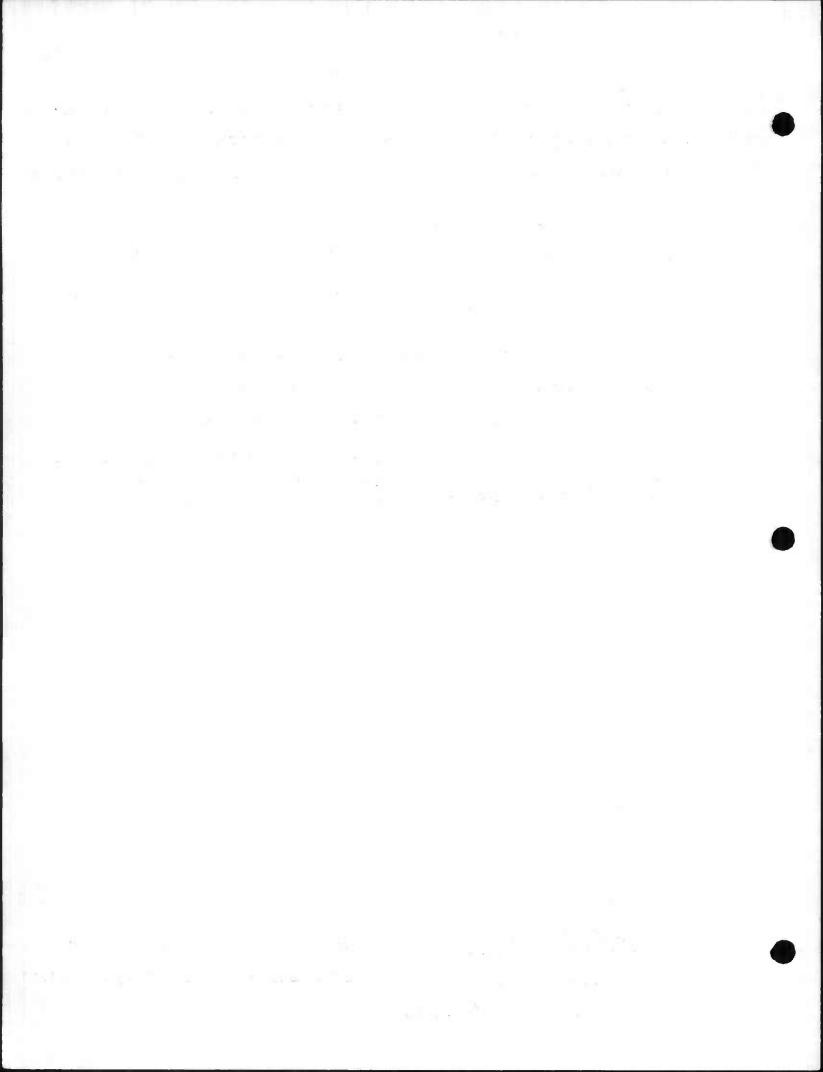
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						Certificate o	f Death		Reg. No.		02012
	Physici	an	1. Decedent's Name (First, Middle, La					2. Data of De	ath Day	Year	3. Time of Deeth
U	/Medi		Matthew	Wolte			-	Februar	1 2	96	09:22/1
	Examir		4a. Facility Name (If not Institution, give	O .			4b. City, Town, o	r Location of Deat			
	Built.		427 Nollmeyer	RJ			Middle	River	Sal	timor	•
0	Funeral Director		5. Social Security Number 8. S 217-25-1897	Sex 7. Age (	(In yrs. lest bii	Yrs. If Under 1 Yes Months Day		8. Data of Bir (Month, De May 2	th by, Year) 20,1989	9. Birthp Coun M a	place (Stete or Foreign aryland
	pu »		Usual Residence of Decedent  10a. State 10b. County		IOc. City, Tow						
	fanyla show	ŏ		ltimore	iod. City, 10w		e River			1	0d. Inside City Limits 1 ☐ Yes 2 No
	28a-	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of 1	What Cour	ala/2
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show striportant: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at ances.		427 Nollme	yer Road		Tot. Zip Code	21220		USA	WHAT COUR	itry r
	ep u	Funeral	11. Maritai Status	12. Was Decedent Ev Armed Forcas?		13. Was Decedant o	f Hispanic Origin? ( uban, Mexican, Pue	Specify Yes or No rto Rican, etc.)	- 14. Rac Blac	e - Amaric ck, White,	ean Indian, etc.
020	ours afte	by	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 No if Yes, Give Year or Dates:		1□ Yas 2Ñ N			Specify	Wł	nite
Maryland 21215-0020	n 72 h	Completed	15. Decedent's E (Specify only highest gro	ducation ade com <i>pleted)</i>	16a.	Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti	e during most of w	orking	16b. Kind of B	usiness/ind	dustry
7	withli ene.	E G	Elementary/Secondary (0-12)	College (1-4or 5+)		_	(00)			n/a	
0	Hygid Ther	ပိ	n/a 17. Father's Name (First, Middle, Last	)		n/a	18. Mother's N	ame (First, Middle	. Meiden Sumen		^
an	id be ental ked o	To Be		Wolfe				anice N			
ary	should Mark	Ĕ	19a. Informant's Name/Relationship (	Type, Print)	19b	. Mailing Address (Stre	et end Number or I	Rural Route Numb	er, City or Town,	Steta, Zir.	Code)
	nd 2 aith a 27 is r trai		Randall Wolfe			427 Nollm	eyer Ro	ad Bali	itmore	Md.	21220
e,	f He f He othe		20a. Method of Disposition		20b. Placa o	f Disposition (Neme of ry, crematory or other p	lece)	Data	20c. Location	City or To	own, State
timore,	Pages nent of h unt: If its ury or of		1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif			y Hill Ce		2/5/96	Balit	more	e Md.
Ø	permit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Sarvice Lice	nsae	01	22. Name and Add					
•	20 E = 8		R Tobe	116	. 11,	Ganne	lly Fun	eral He	ome of	Esse	2X 21221
	1000		23a. Part 1. Entar the disease, or com shock, or heart fallure. List only	plications that caused the	ne death. Do	not enter tha moda of d	ying, such as cardi	ac or raspiratory a	rrast,		Approximata Interval Between
T	Physician			7	4	/					Onsat and Death
	/Medicai Examiner		Immediate Cause (Final disaase or condition		10010	blastom	a			- 1	2 years
В	LABITITIES	2	resulting In death)	Di	ue to (or as e	consequence of):				1	1
_	pet nsit	nine		b							
	icate be executed physician and s the buriat-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Du	ue to (or as a	consequence of):				i	
68760	e be /slcia	edical	thet initiated events	C	ie to (or as a	consequence of):				-	
89	ntificate be executed ing physician and e as the buriat-transit	Medi	resulting in death) Last		10 (0) 20 2	ourisodastios sij.					
Box				d							
Ö	the dea y the al	Physician/	Part II. Other significant conditions of	ontributing to death but	not resulting i	n the underlying cause	given in Part I.	23b. Dld	tobacco uae co	ntribute to	o the cause of death?
<u>م</u>	\$ > °							10	Yee 20 No	3 Pro	bably 4 🗌 Unknown
ds,	8 6 8	1 by						Ode Mae	an autono.	24h W	ere autopsy findings
Ö	v require been si should I	Completed						perfe	an autopsy ormed?	av co	allable prior to impletion of causa
Records,	has ge 2	Idm									death?
	E ag							10		10	☐ Yes 2☐ No
Vital	ystclen: The I s certificate hu director, page	Be C	25. Was case referred to medical exeminer?	Hospital:	- 55 15	-7	Whor	eeth (Check only			
o	Attending Physician: r death ector: After this certific by the funeral director,	: To	1 Yes 2 No 27. Menner of Deeth	28e. Dete of Injury (Month, Dey		Itpetient 3 DOA Time of 28c. In	4 LI Nursing		dence 8 Oth		у)
Ö	ding th. Afte	itior	1 Natural 5 Pending 2 Accident Investigation		rear) I		lork? □ Yes 2 □ No	7.24			
vision of	Atter octor by th	Ifice	3 Suicide 6 Could not b	28e. Placa of injury	/ - At home, fa	rm, street, factory, offic	0			per or Rure	al Routa Number,
ā	2000	Certification:	- I nomiciae	building, etc.	(Specify)			City or To	wn, State)		
0	de plant de la completa della completa de la completa della comple		29a. Certifier  (Check only    Certifying Ph	ysician: To the best of a	my knowledge	e, death occurred at the	time, date and place	ce, and due to tha	cause(s) and ma	anner as s	tated.
_		edical	one)	and manner state	d.	0		surred at tha tima,			
	10 To 100	Σ	29b. Signature and title of certifier	-ellow fedlo	tric Un	cokogy 29c. Lice	nse number		29d. Date signe	d (Month,	Day, Year)
	1		1/1/	Tohns Hoo	Kins	114	1424		2/4/	76	
	+		30. Neme and eddress of person who		th (Item 23e)	(Type, Print)	· (1	Baltime.	A.4	^	
				IM CIAMOL	60	ON Wolf	5 74	Da Hime	~ /~	リ	
	Sta Registr		31. Date filed (Month, Dey, Year) FEB 0 6 1996	32. Registrar	s Signature						



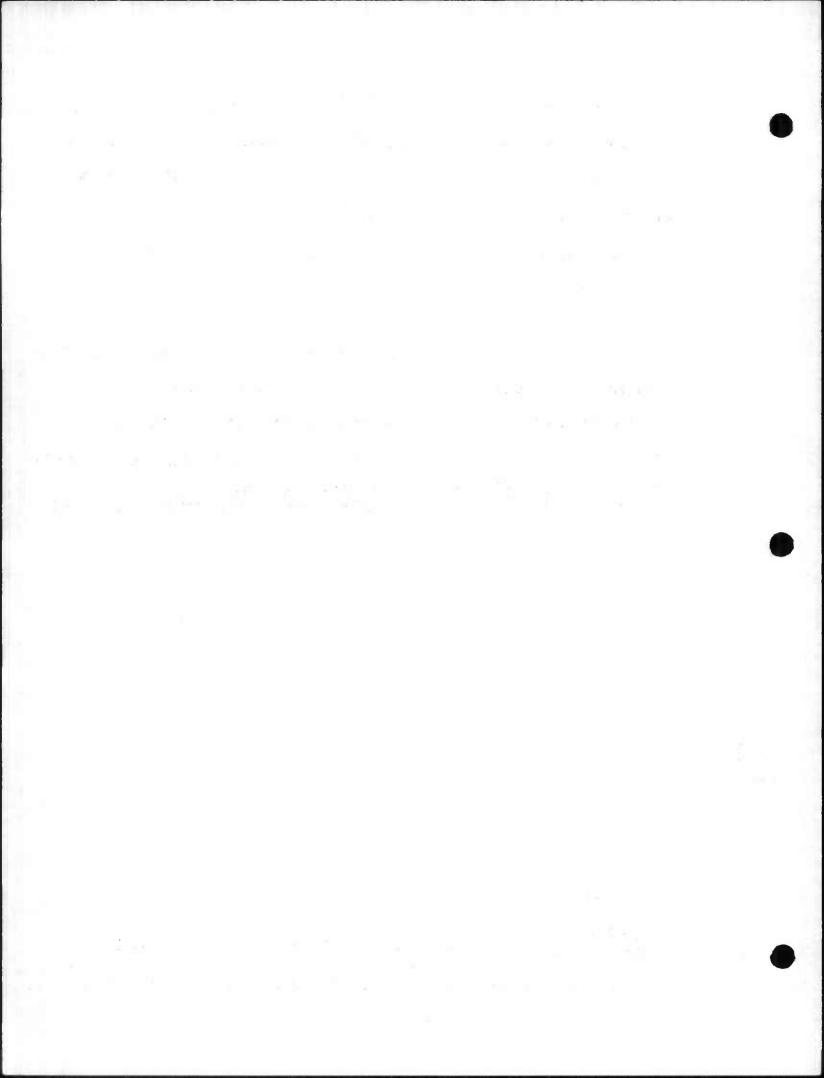
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		-				Certificate of	of Death		Reg. No.		
Dhycia	0.00	1. Decedent's Name (First, Mid	ddle, Last)					2. Dete of D Month	eath Day	Yeer	3. Time of Death
Physici /Medi		DANIEL		NTER		WE	SSEL				9:40A.N
Examir		4a. Facility Neme (If not Institut						or Location of Dee		of Death	
		PERRY POINT						Y POINT		L COL	
Funerai Director		5. Social Security Number 229-06-4967	6. Sex 1 X M 2		In yrs. lest birth 5	dey) If Under 1 Yours. De			ley, Year)	9. Birthpie Countr Penn	ece <i>(Stete or Forei</i> g ry) isylvania
within 72 hours after death with the Maryland ene. then "artural", or items 23s or 28s-f show the Medical Examples must be notified at		Usuel Residence of Decedeni 10e. Steie 10b. Cour	nh.		0c. City, Town	or Location				10	d to tide only a to be
sho a b	5	100, 000	lty .	'	oc. Oity, Town	OI LOCATION				10	d. inside City Limii 1 ☐ Yes 2 🗓 N
28a-	Director	Virginia Fa	irfax	,	Vienna	10f. Zip Coo	12		40- 04	A0-10-1-1	17.00
0									10g. Citizen of		ryr
78 23 78 88	era	2725 Willow D		Decedent Ev	er in U.S.		181 of Hispanic Origin?	(Specify Yes or N		SA ce - America	n indien
if Health and Mental Hygiene. Item 27 is marked other than "natural", or Items 23s or 28s-f show other treumstic event, the Medical Examinar must be notified as	by Funeral	1 Never Married 2 M 3 Widowed 4 Divorce	arried 1 X	ed Forces? Yes 2 ☐ No is, Give		if Yes, specify 0	of Hispanic Origin? Cuben, Mexican, Pu No Specify:	erto Rican, etc.)	Ble Specif	ck, White, e	
thra B E			ent's Education	r or Detes: 1		Decedent's Usuei Oc	cupation		16b. Kind of B	usiness/indu	istry
Medic	Completed	(Specify only high	hest grede comple			Give kind of work do life. DO NOT use re	ne during most of w	vorking	TOD. KING OF B	usiriosa irigi	2011
the	EO	Elementary/Secondery (0-12	colle	ege (1-4or 5+) 2		or Transp	ort Opera	tor	U.S.A	rmv	
al Hygiene. I other than vent, the Me	BeC	17. Fether's Neme (First, Middl	le, Last)	-	1100	or rransp		leme (First, Middle			
Mental arked o	To B	Richard F. W	esse1				Patr	icia A.	Nolen		
ie mar	-	19e. Informent's Neme/Reletio		t)	19b.	Meiling Address (Str	reet and Number or	Rural Route Numi	ber, City or Town,	Stete, Zip (	Code)
Health a em 27 is other tre		Richard F. We	ssel - F	ather	27	25 Willow	Dr., Vie	nna, Va.	22181		
Department of Health important: If Item 27 any injury or other tronce.		20e. Method of Disposition			20b. Plece of	Disposition (Neme of cremetory or other	f place)	Dete	20c. Location	City or Tow	m, Stete
nent of I		1 ☐ Burlai 2 ☐ Cremeiio		from Stete		co Nation		2/1/96	Triangle	. Vir	oinia
Department Important: It any injury o		21. Signature of Funerei Service			quanti	22. Neme end Ad	Idress of Fecility				
impo any ir	14	Colmest	111	Juan			KING VIE				•
1000		23e. Part 1. Enter the diseese,	or complications	thet caused th	e deeth. Do no		Maple Ave				Approximete
attending physician and for use as the burial-transit	VMedical Examiner	resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last	b	Du	e to (or es e co	nsequence of):					
e attending physiclan and od for use as the burial-transit	Physician/M	Pert II. Other eignificant condi	tione contribution	to death but	not resulting in	the underiving cause	oiven in Part i	23h Die	I tobacco usa co	ntributa to	the cause of death
ed by the a	hys	Total College Significant College	done contributing	g to death but i	iot resulting in	ine underlying cause	given in Fait i.		Yes 2 No	3 Prob	1,
signed d be de	by F				_						. 1
peen	Completed						· · · · · · · · · · · · · · · · · ·	24a, We	s en autopsy formed?	com	re eutopsy findings lable prior to apletion of cause eath?
page 2	mc								Yes 2□No	die	Yes 2□ No
certificate rector, pag	Ö	25. Was case referred to media	cal				26 Plane of F	eeth (Check only	`	X	165 20140
	0 8	exeminer?	Hospitel:	1 Xinpatient	2 □ EB/Outr	petient 3 DOA				er (Specify)	
or this eral d	T :	27. Manner of Deeth	28e. I	Date of injury	28b. Ti		njury et Work?	28d. Describe	how injury occur	red	GROUNDS
Afte fun	Certification:	1 □ Naturel 5 □ Pend 2 □ Accideni inves	ding sligation //2	(Month, Dey Y			Work? 1 ☐ Yes 2 X No	Sulo	cut has	sed.	self
100	Hick	3D Suicide 6 □ Coul	mined 200.1	Pleca of injury	- At home, ferr	n, street, fectory, offi	ice		(Street end Numl	per or Rural	Route Number, .
2€	en	4 [] Horricide		building, etc. (	raduc.	4		De chi	own, Stete) Se	MICE	lain 1.
2.0	edical (	29e. Certifier 1 Certify	Ing Physician: T	o the best of r	ny knowledge,	eeth occurred et the	e time, date end ple	ce, end due to the	cause(s) end m	enner es sta	ited.
2.5	ĕ	(Check only one)	al Examiner: On t end	the basis of ex menner state	aminetion end d.	or investigetion, in m	ny opinion, deeth oc	curred et the time	, date end piece,	end due to	the cause(s)
he Fun pletely	0	00h Cinneture and title of next	fier			29c. Lic	ense number		29d. Dete signe	d (Month, D	ley, Year)
within 24 hos To the Fune completely h	Me	29b. Signeture end title of certif	/1								
To the Funcompletely	Me	290. Signeture end title bycertil	loge 11	Kinio	Ms. 8	0	.C.M.E.		JANUARY	30,	1996
To the Functional Completely	Me	30. Name and eddress of person	on who completed	King cause of de		ype, Print)					
Within 24 ha	Me	30. Name and eddress of person	on who completed								
within 24 hodi	W	30. Name and eddress of person	et Mile	32 Registrer's	11	ype, Print) 1 Penn					



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				war yran a	•	tificate of	Death		eg. No.				
Physici	an	Decedant's Nama (First, Middle, Last)     HARVEY CHALMERS WALKER						2. Date of Death Month Peb. 1, 1996  3. Time of Death 4:50 AM					
/Medic	al	4a. Facility Nama (If not institution		4b. City, Town, or Lo	Feb. 1	, 1996 4c. County o	of Death	4:50	AM				
Examin	er	1286 Holmes			21122		Pasader		Anne Arundel				
Funeral Director	lor	5. Social Security Number 215-14-5325 Usual Rasidance of Decedant	6. Sex 10X M 2□ F	7. Aga (In yrs. las 73	st birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, Mar 8,	Year) 1922	9. Birthpi Caun A I a	laca (Stata or try) a Dama	r Foreign	
Maryland f ehow		10a. Stata 10b. County	a. Stata 10b. County 10c. City, Town or Location							10	0d. fnside Cit		
h with the I 23e or 28e-	Funeral Director	10e. Street and Number 3820 Thir	10f. Zip Code	.225	1	0g. Citizan of W	hat Coun	try?					
Ind 21215-0020  be filled within 72 hours after death with the Manyland lat Hyglene.  lat Hyglene.  the Hyglene returel, or items 23a or 28a-f ehow word, me Medical Examiner must be notified at	Ď	11. Merital Status  1 □ Nevar Married 2 ☑ Mar  3 □ Widowed 4 □ Divorced	Armed For	2 No		/as Decedant of H Yas, specify Cub ☐ Yas 2 🗓 No	dispanic Origin? (Sp an, Maxican, Puarto Specify:	ecity Yas or No- Rican, atc.)		, Whita,	an Indian, atc.		
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within ene.	Be Completed	Elementary/Secondary (0-12)	on Worke	Usual Occupation f work done during most of working  Work done during most of working  Worker  Bethlehem Steel Corp.									
and 212 be filed withi tital Hygiene. d other than event, tre M	e C								Nama (First, Middle, Maiden Surnama)				
	To E	Joseph	Walker	Walker			Blanche Williford						
re, Maryland s 1 and 2 should be file f Health and Mental Hy fam 27 le marked othe other traumatic event.		Ms. Kelly Far			1286	Holmesp	and Number or Run oun Dr., P			Stata, Zip 21122	_		
Page nent o		20a. Mathod of Disposition  1 ☑ Burial 2 ☐ Cramation  4 ☐ Donation 5 ☐ Other (5)		Cerr	natary, crem	ition (Nama of atory or other pia n Mem. F		2, '96	20c. Location - C Glen Bui			land	
Balti permit. Departm importar eny injura		21. Signature of Funeral Sarvice	Kev i	n E. Ecl	(e)	Nama and Addra	Funeral Facility Patapsco A	lome of	Brookly	]	1225 1	956	
Physician /Medical Examiner		23a. Part1. Enter the disease of shock, or heart failure. List Immediate Causa (Final disease or condition resulting in death)	r complications that can are tonly one cause on as	net C	Do not anta	r tha moda of dyir	ng, such as cardiac	or raspiratory arr	ast,		Approximata interval Baty Onset and D	ween	
6876(ificate be g physicials as the bu	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last	6	iel o	is a consequ	ance d):	itono	al m	Saste	M).	Smal	the	
P.O. Box that the death cert ed by the attendin deteched for use	by Physician/N	Part II. Other significant condition	one contributing to de	ath but not rasulti	ing in tha und	dariying causa giv	van in Part f.	23b. Did to	bacco use conf		the cause o		
pcords,	Completed by							24a. Was a perform	n autopsy ned?	ave	ra autopsy fi allable prior to applation of ce death?	0	
page H	Com							1 🗆 Ya	s 2 th	1	Yas 201		
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5	f	30. Nama and addrass of person Dr. Gurmeet					al Drive,	Suite 2	02, Gle	n Bui	2106		
Sta Registri		31. Data tiled (Month, Day, Year) FEB 0 6 1996		gistrar's Signatur	ra								



## Item1 2-6-96 FilmG732 W.H.Per F/H

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State of Maryland / Department of Health and Mental Hygiene 96 02875

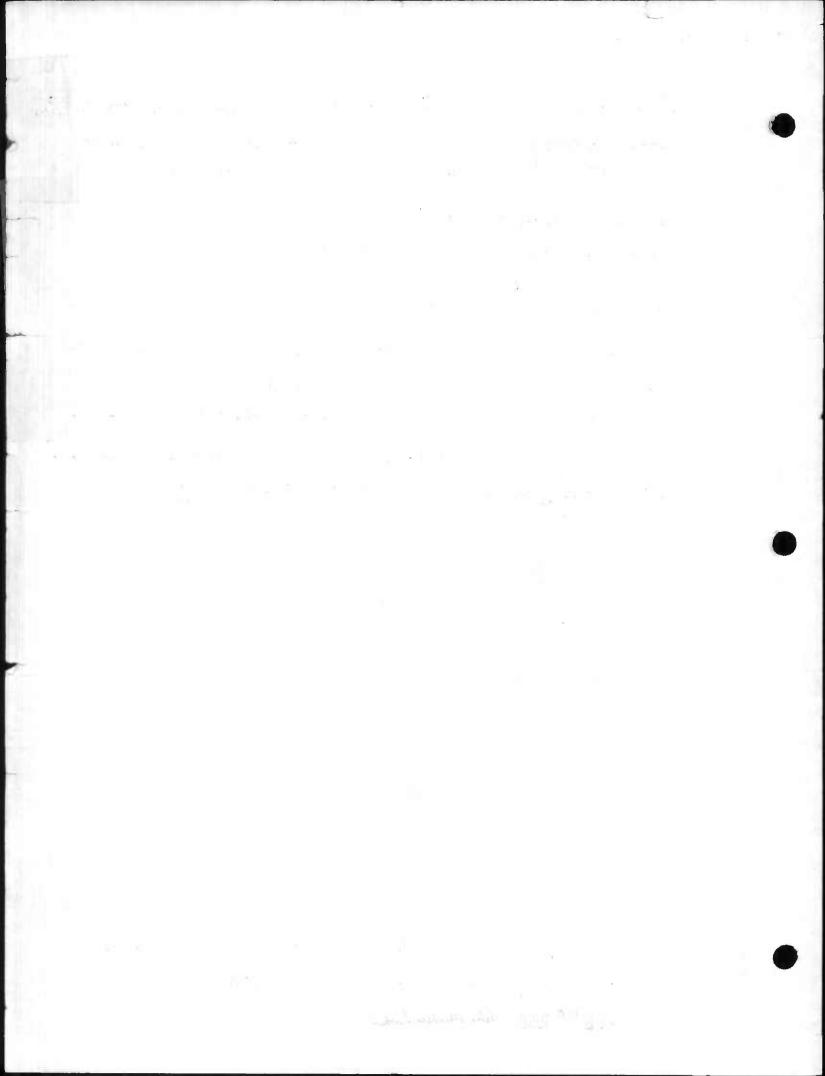
						Certificate of	of Death		Reg. No.				
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Examiner			4e. Fecility Neme (If not Institution, g	4b. City, Town, or I									
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П	Funeral	Г	5. Social Security Number 6.		e (In yrs. lest bii	thday) If Under 1 Y	ear If Under 24 Hrs. eys Hours Min.	8. Dete of 8 (Month, L	lirth	9. Birthp	place (State or Foreign		
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d 21215-0020 filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-1 show ont, the Medical Examiner must be notified at	anyla shor	_			У			1	10d. Inside City Limits 1 Yes 2 □ No				
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	rs aff	by F	1 ☐ Never Merried 2 ☐ Merried  3CXWidowed 4 ☐ Divorced	1 Yes 27 N If Yes, Give Yeer or Detes:	NO.	1 ☐ Yes 2 🗘	No Specify:		Specif	y: 1.71-	* *		
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			27. Menner of Deeth	28e. Dete of Injur	y 28b.	Time of 28c.	Injury et	4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) ury et 28d. Describe how injury occurred					
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ă	- 0	Certification:	4 Homicide building, etc. (Specify)  City or Town, State)										
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	withir To th	ž	29b. Signature and title of certifier	1			cense number		29d. Dete signe	-			
			1 Ma	Loller		0	-12849		2-5	-96	5		
	8		30. Neme and eddress of person who	completed cause of de	eeth (Item 23a)	(Type, Print)							
	D		A.H. GHIL	001.M.	761	90 OSL	ER Dr.	You.	son M	1	21204		
	Sta	ite	31. Dete filed (Month, Day, Year) FEB 0 6	32. Registre									
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32. Registrer's Signeture

Jalin Davidson Randall

DHMH 16 Rev 6/95

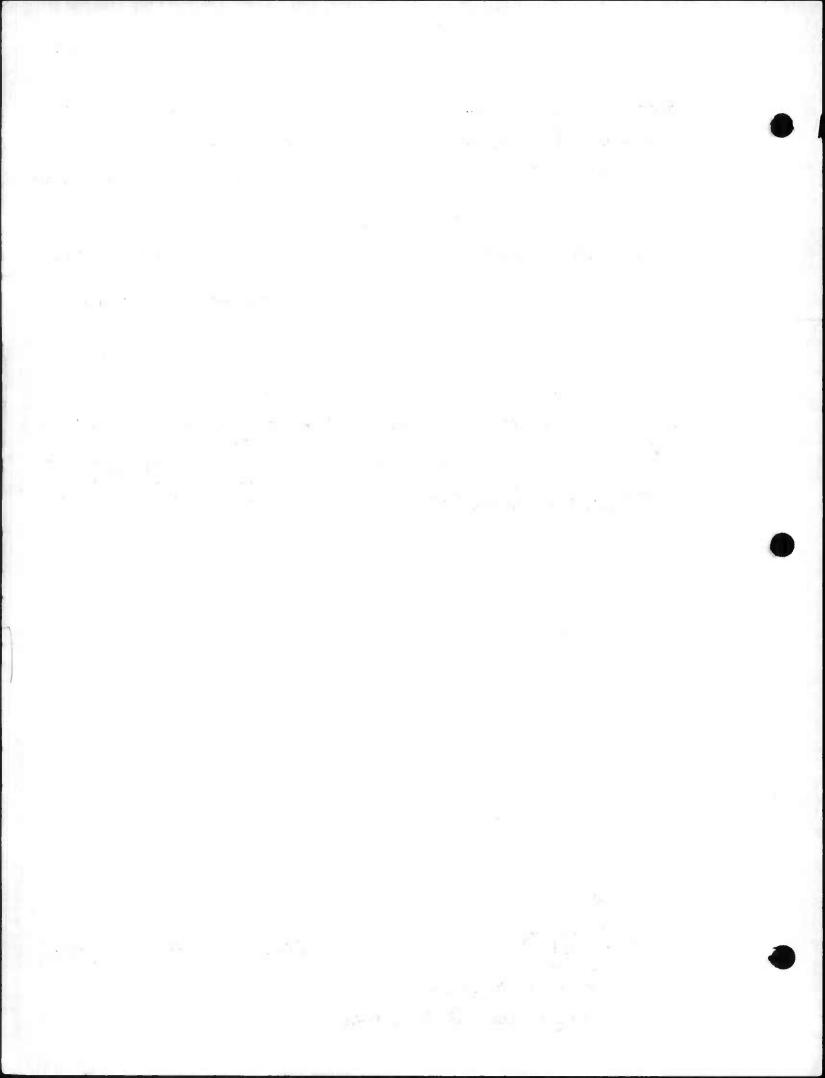
State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, 2877 ITEM: 24a, PER HOSPITAL FILM G-732 2/7/96 t.t State of Maryland / Department of Health and Mental Hygiene 732, item #20b,20 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month FEB 1996 8:10 p BRYAN R ALBA /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner N/A BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL If Undar 1 Year Months Days If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1 XM 2□ F 8 216-41-2498 Director 09/22/1987 Dominican repub Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Silver Spring Maryland N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11550 Stewart Lane Apt # 102 20904 Dominican Republic Funeral "natural", or Items 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian. Black, White, atc. filed within 72 hours after 1 Yes 2 No Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Dominican Specify Hispanic à 3 Widowed 4 Divorced Year or Datas: Ped 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b, Kind of Business/Industry other than Elementary/Secondary (0-12) College (1-4or 5+) N/A N/A 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be filt Department of Health and Mental Hy Important: if flem ZT is marked oth any liqury or other traumatic event RDGs. 18. Mother's Name (First, Middle, Maiden Sumama) Luis Rafael Alba Altagracia Vasquez Lo 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Altagracia Vasquez, Mother 11550 Stewart Lane Apt #102, Silver Spring, Md 20904 20b. Place of Disposition (Name of Date 20c. Location - City or Town, Stata Gates of Heaven 2/9/96 Dominican Republic SantoDomingo 4 ☐ Donation 5 ☐ Other (Specify) Cristo Redenter Cemetery 2-12 22. Name and Address of Facility David J. Weber Funeral Home 21. Signature of Funeral Sarvice Licensee 401 S. Chester Street, Baltimore, Md 21231 Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 6 weeks HEPATITIS disaase or condition resulting in death) Examiner Due to (or es a consequenca of) Physician/Medical Examiner Africerebral (knorhag The law requires that the deeth certificete be executed ettending physician and for use as the buriel-trans Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Phagyo (: +1c

Dua to (or an a consequence of): P.O. Box 68760. rasulting In death) Last Heptro renal Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? the 2 1 Yss 2 No 3 Probably 4 Unknown signed t Division of Vital Records, þ been signature 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed hes. page 2 🖾 No 1 Yes certificate 1 Yas 2 No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Menner of Death 28c. injury at Work? 28d. Describe how injury occurred Certification: After 5 Pending Investigation 1 Natural in 24 hours are the Funeral Director: Afternalely filled in by the funeral filled in by the funeral fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha cause(s) and manner as stated. completely 2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) To the Vithin 2 29b. Signature and tiple of cegi 29c. Licansa number 29d. Data signed (Month, Day, Year) Feskuszy 5, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Kocys, MD KEITH 31. Deta filed (Month, Dey, Year) 32. Registrar's Signature State Jalin Davidson Revolate Registrar

**DHMH 16 Rev 6/95** 



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State of Maryland / Department of Health and Mental Hygiene 96 02878

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	Dhamiai		Decedent'a Name (First, Middle, Last)							2. Date of D Month	eath Day	Yaar	3. Time of Death	
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	Funeral		5. Social Security N		. Sex		s. last birthday)	If Under 1 Yaa Months Days	If Under 1 Yaar If Under 24 Hrs Months Days Hours Min.				ice (State or Foreign	
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	ith with the Maryland 23a or 28a-f show ust be noof ed at	Ö	10e. Street and Nur					10f. Zip Code			10g. Citizen of	What Countr	y r	
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20	ours aft	by F	3 ☐ Widowed	led 2 Married	If Yes, G	1 ☑ Yas 2 ☐ No If Yes, Give Yaar or Datas: 78/84		1 ☐ Yes 2 No Specify:			Specif	y: BLACK	VCK	
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Baltimore, Ma	alth ar 27 is or trau		EVANGELI	NE S.	BURRELL		1123	DARLEY	AVENUE,	BALTIMO	RE. MARY	I.AND 2	1218	
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ä	Depariment important important in any ir		D( 1/2		1). 10	DM	) ]	OSEPH H.	BROWN J	R FUNER	AL HOME,	P.A.		
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-	Examiner		disaasa or conditio resulting In death)	П	θ		for as a consec	mance off:				1		
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State of Maryland / Department of Health and Mental Hygiene 96 02879

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F	Physician		Parameter and the second		U									0	nset and Dea	th
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	ysician: The s certificate director, pag	B	25. Was casa refarred to medical examiner?	Hospital				-		of Death	(Check only	one)			-	
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		on:	27. Manner of Death Natural 5 Panding	28a. Date of (Month)	Day Year)	28b. Time of Injury		28c. inju Wo			28d. Describe	how inju	ry occurred			
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	To the Hospital of within 24 hours at To the Funeral D complately filled it	edical	(Check only 2 Medical Exa	hyalcian: To the b miner: On tha bas	is of examination	ledge, death on and/or inv	occurred asfigation	at the ti	me, dete an opinion, dea	d piaca, a	and due to the	ceuse(s)	end manner place, and	r as state dua fo th	ed. e cause(s)	
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i	0 ₹ 6 8		29b. Signature and fittle of certifier	211/	/		29		se number			∠90. Dâ	te signed (M	onth, De	y, rear)	
	7		- Alle	N. L.	m			N2	2186			S	~~~	20	1976	
	9		30. Name and address of person who	completed cause	of death (Item 2	-	1				1	2	C	)	1	
			Kathlem A.	Hickey,	M.D. ;	John	s Ho	pkin	s Hos	pral	; Ba	Chim	ore, M	10		
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0 M.D. 108674 January 23	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typa, Print)	BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initietad events resulting in death) LAST  PART II. Other significent conditions  DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 DERTIFYING PN	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  LICIA TO (OR AS  DUE TO (OR AS	ach line.  A CONSEQUENCE OF  A CONSEQUENCE OF  B A CONSEQUENCE OF	F):  In the underly!  ES NO THER: 4 Nursing No IEO F 28c, If your street, factory, offered at the time, desired.	ing cause given  UNCERTA  Pe)  Ome 5 Residence WORK?  YES 2 NO	in Part I.  28d. OE  28d. OE  28d. OE  28d. OE	24a. WAS AN PERFOR 1 XYES 2  or (Specify) es CRIBE NOW I	AUTOPSY IMED?  I NO  NJURY OCCUI	24b. WE AM COOF 1 [	RE AUTOPSY FI
		COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significent conditions  DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (OR AS  DUE TO (OR AS	ach line.  A CONSEQUENCE OF  A CONSEQUENCE OF  B A CONSEQUENCE OF	F):  In the underly!  ES NO THER: 4 Nursing No IEO F 28c, If your street, factory, offered at the time, desired.	Ing cause given  UNCERTA  Ing cause given  UNCERTA  Ing cause given  UNCERTA  Ing cause given  Ing cause giv	In Part I.  28d. OE  28t. LOChy  tue to the cas  the time, defe	24a. WAS AN PERFOR 1 XYES 2  or (Specify) es CRIBE NOW I	AUTOPSY MED?  L NO  NJURY OCCU	24b. WE AMM COOP 1 [	Approxima interval Ba Onset and 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

	p	er fh. 2/7/96 P			Cert	ificate	e of L	Death			eg. No.		
Physic	ian	Decedent's Name (First, Middle, La				OIIA	n	) T C		Date of Deal Month	th Day	Year	3. Time of Death
/Medi	cal	GEORGE CH  4a. Fecility Neme (If not institution, give	APOURIS			CHA			vn, or Location	ANUA F	4c. County		8:16P.M
Exami	ner	613 S.OLDHAM ST	DOCUMENT OF THE PARTY.									/A	
Funeral		5. Social Security Number 6. S	Sex 7. Age	(In yrs. la		If Under		If Under 2	IMOR 4 Hrs. 8.	Dete of Birth	Vans)		ce (State or Foreign
Director	н	230-52-8070	₩ 2□ F 7	0	Yrs.	Months	Days	Hours	4 Hrs. 8. Min. Jan	1. 26,	1926	Gre	ece
pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City.	Town or Loca	ation						100	d. Inside City Limits
4 sho	ō	MD N/A			altimo							100	1 Yes 2 No
r 28a	Director	10e. Street and Number				10f. Zip	Code			1	0g. Citizen of \	What Country	y?
th with		613 S. Oldham St	•				21	224			US	A	
s 1 and 2 should be filed within 72 hours efter deeth with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "naturelt, or items 23e or 28s-f show other treumstic event, it is Medical Examinar must be notified a	Funeral	11. Meritel Stetus	12. Wes Decedent E Armed Forces?	ver In U,S	. 13. Wa	as Deced	ent of Hi	spanic Orlg	in? (Specify Puerto Rica	Yes or No-		ce - American	
or it		1 Never Married 2 Merried	1 Tes 2 No	Ö		☐Yes 2		Specify:		,,	Specify		
"naturel", or	ed by	3 Widowed 4 Divorced  15. Decedent's Ed	Year or Dates:		18a. Decede	nt's Heur	I Occupa	tion			16b. Kind of B	Whi	
n na	Completed	(Specify only highest gra	ide completed)		(Give kii	nd of wor NOT us	k done d e retired	luring most )	of working		TOD. KING OF D	03111003511100	Sity
filed within Hygiene. ither then "	mo	Elementary/Secondary (0-12)	College (1-4or 5+	+)	Coo	k					Resta	urant	
al Hygi other	Be	17. Father'a Name (First, Middle, Last,						18. Mother	r's Name (Fi	rst, Middle, I	Maiden Sumen	ne)	
should be and Mental I marked of	7	Elias Chapouris							N/A				
12 sho h and r is me		19a. Informant's Name/Relationship ( Paul Chapouris	Type, Print)		_				ror Rumal Ro		City or Town,	State, Zip C 1224	Code)
1 and Health em 27		20a. Method of Disposition		20b. Pla	ce of Disposit	tion /Nem	ne of				20c. Location -		n State
Pages nent of h mt: If its iry or of		1 ☐ Burlal 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif			netery, crema insula			•	1 . (	3-96	Newpor	100	
		21. Signature of Funeral Service Licer	·	ren				s of Facility			Mewbor	C IVEW	e, vr
permit. Departn Importa any Inju		D. 1	21.1.0						al Hom				
		23a. Pert1. Enter the disease, or com	pleations that caused t	the death.	Do not enter	21 E the mode	aste of dying	ern Av	re., B	altimo	ore, MD	1 /	Approximete
Physician		shock, or heart failure. List only	one cause on each line	э.								1 6	nterval Between Onset and Deeth
/Medical		Immediate Ceuse (Final disease or condition	. Athero	scla	rohiz	Ca	rdia	ovas	scula	1 0	43000	se!	
Examiner	ų,	resulting in death)			as a conseque								
bed hsit	Examiner		b										
icate be executed physician and s the buriel-transit	Exar	Sequentially list conditions, if eny, leeding to immediate	C	oue to (or a	as a conseque	ence of):							
ysicia buri	dlcal	cause. Enter Underlying Cause (Disease or Injury that initiated events	c	ue to (or a	as a conseque	ance of):							
ng phy es th	Jed	resulting In death) Last	_	00 10 10.0		7,100 0.17.							
deeth certifica e attending ph ed for use es t	Physician/Me		d									1	
0 0 %	/slcl	Part II. Other significant conditions of	ontributing to death but	not result	ting in the und	lerlying ca	ause give	en in Pert f.		23b. Did to	bacco uss co	ntribute to t	he cause of death?
that the de ed by the a detached i										1 🗆 Y	88 2□ No	3 Probe	bly #Unknown
8 58	d by									24a. Was a	n autonsv	24b. Wer	e eutopsy findings
	Completed									perfor		com	eble prior to pletion of cause eath?
The lew ate has b page 2 s	ф									1 🗆 Y	es 2 No		Yes 2□ No
dclan: The certificate rector, pa	BeC	25. Was case referred to medical						26 Place	of Death (C				195 20 140
5 00	To B	examiner? XIXYes 2□ No	Hospital: 1 ☐ Inpatien	t 2 E	R/Outpatient	3 DO	A Othe	ar.			enca 6 Oth	ner (Specify)	
ding Ph. h. After thi funeral		27. Manner of Death 1 Matural 5 ☐ Pending	28a. Dete of Injury (Month, Dey	Year) 2	28b. Time of Injury	28	Bc. Injury Work				ow Injury occur		
Attending or death.	Certification:	2 Accident Investigation	1		,,	М		Yes 2□N	No				
The Control of	il.	3 Suicide 6 Could not b	28e. Placa of Injur building, etc.	ry - At horr (Specify)	ne, farm, stree	et, factory	, office		28f.	Location (Si City or Town	treet and Numb n, State)	ber or Rural i	Route Number,
filled i		29a. Certifier 1 ☐ Certifying Ph	veleiss. To the best of	man ka and	adan danth a		4 4b = 4i		d alone and	dua ta tha a			
Hos Fun taky	edical		ysician: To the best of niner: On the basis of and manner state	xaminatio									
To the Hos within 24 h To the Fun completaly	X e	29b. Signature end title of cartifier	12/1			29c.	. License	number		2	9d. Dete signe	d (Month, D	ay, Year)
,- ,- 0		1	7 66				0.0	.M.E		T.	ANUA RY	7 31	1996
		30. Name and eddress of person who	completed cause of de	eth (Item 2	23a) (Type, Pr		0.0	*****	•	JO.	0/31/1	. 711	
	i 1	( ) c 1 1 1 1 x	En la -			D			D - 1	4.2			
		31. Date filed (Month, Day, Year)	owler		111 1	renn	ı St	reet	, Bal	rrimo	re, Ma	aryla	nd 21201

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTING			ENTAL HYGIEN		
,	1. DECEOENT'S NAME (First, Middle, Last)	Μ.	Carls	on	1	2. DATE OF DEATH BONTH BOYLLCYY	~3 199°	G 3. TIME OF GEAT
8	4. SOCIAL SECURITY NUMBER 052-14-6024	1 □ M 2 🂢 F 74	YRS.	FUNDER 1 YEAR INTHE DAYS			921 1	BIRTHPLACE (State or Fo Country) New York
TOR	9a. FACILITY NAME (If not institution, give a Fallston General RESIDENCE OF DECEDENT			Fallsto	OR LOCATION OF OEA		ec. COUNTY Har	ford
DIRECTOR	10a. STATE 10b. COUNTY Maryland Hary			OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 TYES 2 X
FUNERAL	100. STREET AND NUMBER 1005-F Jessica's	Court	•		21014		U.S.	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENOENT OF HISPANI ecify Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yo, Puarto Rican, etc.)	on or No- 14	RACE — American India Black, Whita, atc. Specify: White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo attred.)	ON ast of working	16b. KIND OF BO		ТПУ
	10th grade  17. FATHER'S NAME (First, Middle, Last)  William Marshall		Secreta	rty	16. MOTHER'S NAM	Bankin E (First, Middle, Maide ranzner		
TO BE	19a. INFORMANT'S NAME (Type/Print) Ernst L. Carlson	(Husband)			and Number or Rural Re	outo Number, City or To		21014
	20s. METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Rem  4 Donation S Other (Specify)	noval from State	b. PLACE AND DATE OF I	Garris	on Forest	2/6/96 0	wings !	y or Town, State Mills, Mar
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Schun 610 W	nunek Fun V. MacPha	eral Home il Road,	of Be Bel Ai	l Air, Inc. r, Md. 210
	23. PART I. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on	A CONSEQUENCE OF):				piratory arres	Interval B
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	AL 11	vAMETA	ON		121
AL		ns contributing to death Nacional Natio		the underlying	g cause given in F	Part I. 24a. WAS A PERFO	N AUTOPSY DRMEO7 2 NO	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH					
	1 YES 2 NO  27. MANNER OF CEATH  1 Natural 5 Pending Investigation	1 Inpetiant 2 ER/Out 28s. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c, INJ	JURY AT DRK? YES 2 NO	3 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUI	REO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, stc. (Sp.	RY — At home, farm, streecify)	et, factory, offic	žia.	281. LOCATION (Stree City or Town, State		Rurel Route Number,
1 5 1		SICIAN: To the best of my know	wledge, death occurred	at the time, date	and place, and due t			
OMPLE	000)	ER: On the basis of examinati	ion and/or investigation,	In my opinion, d	death occured at the t	lme, data and place, i	and due to the o	cause(a) and manner as a
TO BE COMPLETED	(Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	mo		29c. LICENSE NUM  ### 17			cause(a) and manner as a signed (Morth, Day, Year)

3. TIME OF DEATH

REG NO

2. DATE OF DEATH

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1.25 A M e nomas Tunuary 1996 7. DATE OF BIRTH (Month, Day, Year) April 30 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 227-34-9764 1 □XM 2 □ F 1927Virginia 68 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH emoria DIRECTOR Inion more N/A 10s. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore 1 YES 2 - NO permit. toe. STREET AND NUMBER FUNERAL 101. ZIP CODE tog. CITIZEN OF WNAT COUNTRY? USA 21217 727 Druid Lake Drive as the burial-transit retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cubsn, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, While, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES t Wiever Married 2 Married 1 TYES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY USe (Specify only higher (Give kind of work done life. Do NOT use retired.) ET ò Elementary/Secondary (0-12) College (1-4 or 5+) COMPL page 5 should be detached Ready Built 6th Laborer 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) ROBERT Ħ Pecoria Carter BE homas notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1019 Wildwood Pkwy. Balto. Md. 21223 Louise Hughes 24 hours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION

1XC Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must director, p Mount Zion 1/31/96 Lansdown, Md examiner 21. SIGNATURE, OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Unity Funeral Home 108 W. North Avenue 108 Balto. Md. 21201 medical 23. FART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the cremation, Cardio myopathy diseese or condition Eschemic Ver and completely reaulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): burial, Heart fuilure consestive CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician a Mental Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 6 Inlury, PART II. Other significent conditions contributing to death but not resulting in the undarlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL this certificate has been signed by the with the State Dept. of Health and AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 
NO UNCERTAIN 
UNCERTAIN PHYSICIAN: 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item EXAMINER? HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Unpetient 2 ER/Outpetient 3 DOA 10 27 MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED marked, Netural TO THE HOSPITAL UN AN INCIDENT TO THE FUNERAL DIRECTOR. After this be field within 72 hours after death will be field within 72 hours after the marks. 5 Pending Investigation BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — Al home, Isrm, street, Isctory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 6 Could not be 4 Homicide E 29s. CERTIFIER Chack only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER B TENZ 2438946 M.D. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ZAIDI WANG Union Memorral Hospita 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE FEB 0 7 1996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item#17.G-film 732 per fh. 2/7/96 P.c

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

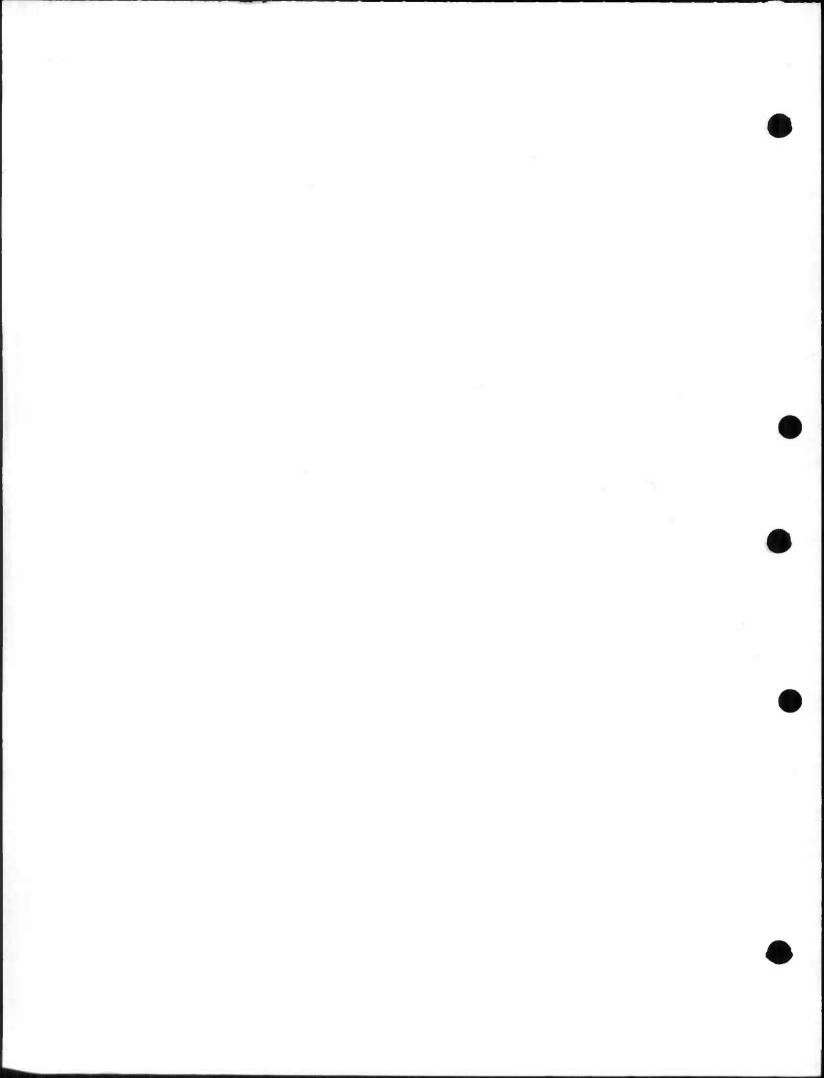
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ained by the hospital or attending physician. hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIVISION OF VITAL FECORDS, P.O. BOX 68760 OSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely rithin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crema AMT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event,	BALTIMORE, MARYLAND	1.24 hours after death. Page 6 may be retained by the host	y filled in by the funeral director, page 5 should be detache tion, or removal.	the medical examiner must be notified at once.	
THE H De filed w	DIVISION OF VITAL ACCORDS, P.O. BOX 68760	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	LID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTAI	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
	NOAH	COFIE							MONTH	RUAR		PPP	1250 PM
	4. SOCIAL SECURITY NUMBER 217-12-2473	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. less 73	YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER HOURS		7. DATE	of BIRTH		a. BIRTH	PLACE (State or Foreign aryland
OR	Northwest Hospita				9b. CITY		nda1				Balt		re County
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		10c CIT	Y, TOWN C	DR LOCAT	ION						10d. INSIDE CITY
DIRECTOR		nore Coun	ty		eist	erst	own						LIMITS? 1 ☐ YES 2 ∰∰O
FUNERAL							ZIP CODE	E		!			VHAT COUNTRY?
N N	6125 Deer Park Roa	12. WAS DECEDENT	EVED IN II C AD	MED	12		1136	NE MICOAN	HC OBIOIN	I? (Specify Yea	USA		- American Indian.
ВУ	1 Nover Married 2 Married 3 Widowed 4 Divorced		YES 2 7			it yes, spe		n, Maxicai	n, Puerto I	Rican, stc.)	OF NO.	Biaci	white, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N et of workin	200	16b	KIND OF BUS	INESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done ( se retired.)		of the mornin	w					
MP	unknown	1	man	urac	turi	ng:				burial		Lts	
00	17. FATHER'S NAME (First, Middle, Last)	Sioll Co								Middle, Maiden			
BE	Noah Franklin Cof	iterr, sr								thel M			
10	190. INFORMANT'S NAME (Type/Print) Ms. Charlene Cofie	ell/niece								ber, City or Town tersto			1136
	20a. METHOD OF DISPOSITION	oval from State	20b. PLACE						DAT		CATION C	City or To	rwn, State
	4 Donation 5 Other (Specify)		New O	akla					-6-9	6 E1d	ersou	ırg,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.		D ADDRE			***			
	Ephroliller,	/see	M	0053	5	SIA:	CK F	uner	al H	ome, P Maryla	A. nd 21	043	
	23. PART I. Enter the diseases, or c	omplications that	caused the de	eth. Do		the mo	de of dy	ing, suci	h as card	diac or reapi	ratory arm	eat,	Approximata
- 1	shock, or heert feilure. I	List only one ceus	e on each line										Onset and Death
		SEF											7 DAYS
	_		OR AS A CONSEC		,	<u>-</u>			Lobi				TOAYS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC			7 1	3 F E		COIG				104/3
8	cause. Enter UNDERLYING	BNE	omo:	121	A								ZIAOF
直	that initiated events		OR AS A CONSEC										1
토	resulting in death) LAST	d											
L C	PART II. Other significant condition	s contributing to	leeth hut not a	esulting	In the ur	derlylni	7 CRUBA	alven in	Part I	24a, WAS AN	AUTTOREV	246	. WERE AUTOPSY FINDINGS
র	PROSTATE			ouditing	in the or	worrynn	g cause ;	given	7,011	PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA	F1203 1 11 12	- 17.10								1 TYES 2	NO		OF DEATH?
Σ	DID TOBACCO USE CONTE	PIRLITE TO CAL	ISE OF DEA	TH V	ES 🗆 I	NO F	LING	ERTAI	N P				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	GBOTE TO CAL			TH (Check		1 0140	EKIMI	1 -				
띯	EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:			OTHE	R:			8 Othe	- (PM-)			
Ě	27. MANNER OF DEATH	28e. DATE OF	NJURY	28b. TIA	AE OF	28c. INJ	URY AT	seidence		SCRIBE HOW I	NJURY OCC	CURED	
	1 Natural 5 Pending	(Month, De	y. Year)	IN.	JURY M	WO	RK? YES 2	NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At ho	me, term,	streat, tec	tory, offic			28t. LOC	ATION (Street a	and Number	or Rural	Route Number,
COMPLETED	4 Homicide determined	building, a	itc. (Specify)						City	or Town, State)			
<u>"</u>	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge de	ath occur	red of the t	time dete	and place	and due	to the cer	use(s) and mar	oner se stele	ad	
₩ I	(Check only one) 2 MEDICAL EXAMINE												a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI					(Month, Day, Year)
TO BE	LI(M	15.5.					D	4	34				UALY 3 1996
	30. NAME AND ADDRESS OF PERSON WHO		RTH WA	ST	140	SPIT	AL	CI	ころこ	ER			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA		HL	<u> </u>	c W	/~	, (	,_				
	FEB 0 71996 d	1. Stude											
	330 //	THE STREET	The state of										

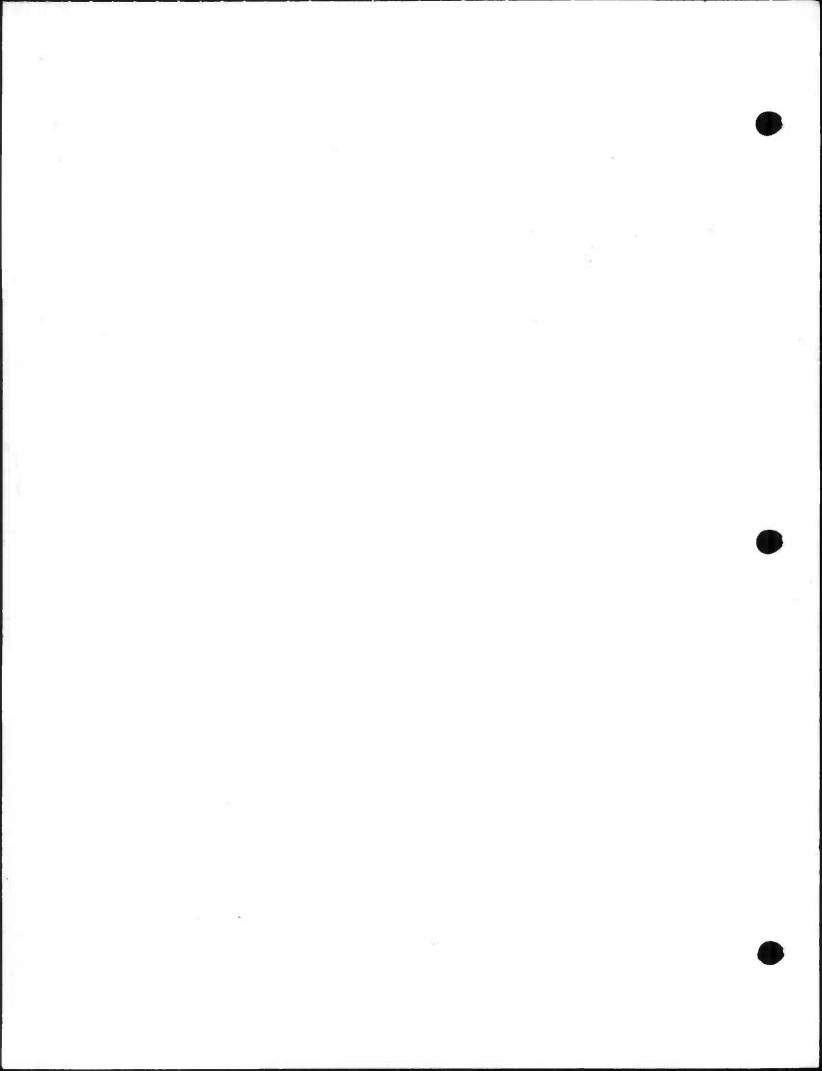


BALTIMORE, MARYLAND 21215-0020

ChIVISION OF VITAL RECORDS, P.O.

F VI AL RECORDS, P.O. BOA 68/60 BALLIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	or removal.	medical examiner must be netified at once.	
CONTRACTOR OF ALL AL MECONDS, F.O. BOX 88/60	TO THE INVESTIGATION ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

										9	o U	2000
	1 - FOR STATE REGISTRAR		STATE OF MAI	RYLAND / Ce	DEPAR ERTIF	TMENT OF	HEALTH AN	ND ME	NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, M	K. C	ample	ell						-19	196	2:05 A
	219-05-124	19	□ M 2 💢 F	AGE (In yrs. las	YRS.	MONTHS DAYS	HOURS M		DATE OF BIRTH (Month, Day, Ybar) -11-190	0	Mary	ACE (State or Foreign land
œ	99. FACILITY NAME (If not instit					96. CITY, TOWN	or LOCATION O				to.	
CTO	The Wesley	DENT						;		Dal		CILY
DIRECTOR	Maryland	es. COUNTY	Balto. C	ity	10c. CITY	Balt	imore					d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	10e. STREET AND NUMBER		7			1	t. ZIP CODE	2	1209	10g. CITI	ZEN OF WHA	T COUNTRY?
JNE	2211 W. RO		A VEHUE	FRINIIS AR	MED	12 WAS DE	CENDENT OF H				USA	
B	1 Never Married 2 Ma 3 2 Widowed 4 Divorce	arried	FORCES? 1   IF YES, GIVE WAR	YES 2X N	NO NO	If yes, s	pecify Cuben, M		PRIGIN? (Specify Yes Jerto Ricen, etc.)	or No-	Black, W Specify:	American Indian, hite, etc. White
TED	(Specify only hi	ENT'S EDUCAT	ION npleted)	(Gi	ive kind of w	USUAL OCCUPAT	ON ost of working		16b, KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12 Unknown		College (1-4 or 5+)	MT6.	Do NOT us	omemak	er		In	Own	Home	
BE CO	17. FATHER'S NAME (First, Midd	E C	lgar C.	Kettl	ewoo	od	16. MOTHER		First, Middle, Meiden a N. Hi			
10	19a. INFORMANT'S NAME (Type The Wesley	Print)  V Home		198					Number, City or Town			
				20h BI ACE 4		W. R		Ave	. Balto		Olty or Town.	
Ĩ	20e-METHOD OF DISPOSITION 1 Surial 2 Cremation 4 Donation 6 Other (Sp		I from Stata	cemetary, cres	matery or oti		eme or	1/				aryland
	21. SIGNATURE OF FUNERAL S	SERVICE LICEN	SEE CON	A		22. NAME A	nd ADDRESS of Jee-He I Fall	DE FACILIT				
	23. PART I. Enter the des	esea, or con	plications that co	used the de	ath. Do n							Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	nt tellure. Lie							sease			Interval Between Onset and Death
			DUE TO (OR	AS A CONSEC	DUENCE OF	):	0	2	1			
NOIT	Sequentially list condition if any, leading to immedie	ole	OUE TO (OR	AS A CONSEC	DUENCE OF	· Vos	allen	- D(	sease			
FICA	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury		OUF TO (OR	AS A CONSEC	NIENCE OF	١.						
CERTIFICATION	that initiated events resulting in death) LAST	d		NO 14 GONGEO	JOENIOE OF	,						
- 6	PART II. Other significent	conditions c	ontributing to dea	ith but not re	esuiting in	n the underlyin	g ceuee give	n in Part	I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Delydiate	in, 1	rais in	i hea	20	Pano	was		PERFOR	MED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME	Possible	sepsi			0							YES 2 NO
AN	DID TOBACCO USE		UTE TO CAUS			S NO [		TAIN [	]			
SICI	EXAMINER?	Н	OSPITAL:			OTHER:						
H.	27. MANNER OF OEATH		28e. DATE OF INJU	JRY	28b. TIME		JURY AT DRK?		Other (Specify)  I. DESCRIBE HOW IN	JURY OCC	UREO	
BY		nding estigation	130/11223		200	M 1 🗆	YES 2 NO	>				
		uld not be ermined	26e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, term, st	reet, factory, offi	•	281	City or Town, State)	nd Number (	or Rural Route	Number,
COMPLETED			N: To the best of my i									d manner ee stated.
BE	296. SIGNATURE AND TITLE OF	F CERTIFIER	to mo.				29c. LICENSE			29d. DATE	SIGNED (Mo	ngh, Day, Ybar)
2	30. NAME AND AODRESS OF PE	ERSON WHO C	OMPLETED CAUSE O	F DEATH (ITEN	1 27) (Type,	Print)	110	464		,	1-11	(0
	2211	W. Ro	gers a	ne.	B.	4270	, ruel		21209			
	FEB. 0, 7.1996		32. REGISTRAR'S	SIGNATURE								
	· 12000 1.1330	Jan Jan	Pro storage and of a	The state of the s								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 6 0 2 9 8 6

						Certi	ificate of	Death	moma y	Reg. No.	02000
	Physici /Medi		Decedent's Nema (First, Middle, Las	Ethel Mae	Chan	ey			2. Data of De Jan. 3	1, <sup>D</sup> 1996 Ye	3. Time of Death
	Examir		4a. Fecility Neme (If not institution, give Good Samaritian F					4b. City, Town, or Baltime		4c. County of D Baltimo	
	Funeral Director		213-32-0070	DM aME			If Under 1 Yeer Monthe Deys				Birthplace (State or Foreign Country) Maryland
	Manyland -f show	tor	Usuai Rasidence of Decedant  10a. Stata 10b. County  Maryland Balto C		City, Town	n or Local	tion	Baltimo	re		10d. Insida City Limits  >P⊠ Yas 2 □ No
	th with the 23a or 28a	Funeral Director	10e. Street and Number 3628	Paine Street			10f. Zip Coda	21211		10g. Citizen of What	t Country?
020	filed within 72 hours after death with the Maryland thygiene. ther than "natural", or Items 23a or 28a-f show brt, the Medical Examiner must be notified at	by	11. Meritel Stetus  1 Never Merried XX Married  3 Widowed 4 Divorced	12. Wes Decedant Evar in Armed Forces? 1 Yes X28 No If Yas, Giva Yaar or Datas:	U,S.	i	is Decedent of as, specify Cub	Hispanic Origin? (Spen, Mexican, Puer Specify:	Specify Yes or No to Rican, atc.)	14. Race - A Bleck, V Specify:	Amarican Indien, Whita, atc. White
21215-0020	I within 72 ho iene. • than "natur the Medical	Completed	15. Decedant's Edi (Specify only highast grad Elemantery/Secondary (0-12)	ucation de compiated) Collega (1-4or 5+)	16a.		nt's Usuel Occu nd of work done NOT use retire	pation during most of wo	rking	16b. Kind of Busine	ass/Industry
Maryland 2	S a s	To Be C	17. Fathar's Nama (First, Middle, Last)	James All	ison		Omemorie.	18. Mothar's Na	me (First, Middle, ra Orwig	Maidan Sumama)	
Mary	s 1 and 2 should f Health and Mer tem 27 is marke other traumatic		19a. tntormant's Name/Reletionship (7) Vicki L. Chaney	ype, Print)						er, City or Town, Star	
Baltimore,	Pages 1 and 2 nent of Health int: If Item 27 liny or other tra		20a. Mathod of Disposition  **Burlai 2		. Place of cematar	Dispositi y, cremat	L. Cha ion (Name of tory or other ple Cemeter	oce)	Dete	20c. Location - City Woodlawn,	
Balti	permit. Pages 1 Department of F Important: If the any injury or of once.		21. Signature of Funarai Sarvice Licens	Sarvate	7	36	31 Fa11		alto., Ma	ryland 21	211
	Physician		23e. Pert1. Entar the dispese, or comp shock, or heert thiura. List only of	lications the caused the da ona causa of each lina.	ath. Do r	not antar	tha moda of dy	ing, such es cardle	c or reepiratory e	rrest,	Approximate Interval Between Onset and Death
7	/Medical Examiner		tmmediata Causa (Final disease or condition resulting in death)	ACUTE /	45 F			N			24 hours
٠	ned insit	Examiner		SEVERE	TI	DEN	MEN	TIA			10 years
68760,	tificate be executed ig physician and as the burial-transit	edical Exa	Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disaas or Injury that initieted events	c	(or as a c						
Box 68	를 모여	-	rasuring in daath) Last	d	(or as a c	onsaquar	nce ot).				
.O. B	0 0 0	Physician/	Part ti. Other significant conditions co	ntributing to death but not re	asulting in	tha unda	arlying causa gi	van in Part I.	23b. Dtd	tobacco uss contrib	outs to the cause of death?
S, D	8 5 8	by Ph							10	Yss 2 1 No 3	Probably 4 Unknown
Record	aw requir	Completed			-					an autopsy 24	4b. Ware eutopsy findings evailable prior to complation of cause of deeth?
Vital F	en: The la tificate ha tor, page	0	25. Was case retarred to medical					26 Place of Do	ath (Check only o		1 Yas 2 No
~	direction of	To B	axaminer?	Hospital:	ER/Ou	tpatient	3 DOA Ot	her		dance 6 Other (	Specify)
E	DI		27. Menner of Death 1 Matural 5 ☐ Panding	28a. Data ot Injury (Month, Dey Year)		ima of	28c. Inju Wo		28d. Dascribe	now Injury occurred	
Division	at or Alang a after seath d Director, ed in by the	Certification:	2 Accidant Investigation 3 Suicide Could not be datermined	28a. Placa of Injury - At building, atc. (Spec	homa, fa	rm, streat		]Yas 2□No	28t. Location (		or Rural Route Number,
	To the Hospfret within 24 hours To the Funeral I completely filled	edicai (	29a. Cartifiar (Check only one) 1 Certifying Phy	stctan: To the best of my kr ner: On the basis of examinand manner stated.	nowledga netion and	, daath oo dor invas	ccurred at the ti	ima, data end place opinion, daath occ	e, and dua to tha urred at the tima,	causa(s) and manna data and place, and	r as stated. dua to tha cause(s)
	To the within 7 To the comple	Me	29b. Signature end titla of certifiar	1 Dans are	= A	ın	29c. Licen	se number	70	29d. Data signed (M	fonth, Day, Year)
			30. Name and eddrass of parson who co	ompleted cause of death (It	am 23a) (	Typa, Pri	int)	2007	50	21117	20.213
			MANUELRAMO	15, MD, 68	00	40	PKI	RD, BA	KIMO	KE,MI	21212
П	Sta	te	31. Data tiled (Month, Day, Year)	32. Registrar maig	nature						

186 The state of the s  THE MISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician.

THE MINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-							90	02001
	REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)  RANDOLPH	Silas		AWFORD		2. DATE OF DEATH DO NORTH Feb 3	1996	3. TIME OF OEATH 9:07 ATT M
	262-89-6378 <del>084-42-3874-</del>	M 2 □ F	(In yrs. lest birthday) 31 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1964	Country) Florida
TOR	9a. FACILITY NAME (If not institution, give street Saint Joseph Medic RESIDENCE OF DECEDENT				waon, Mar			y of CEATH altimore
DIRECTOR	10a. STATE 10b. COUNTY MD Howar	·d		town or Loca arksvil		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	12068 Broad Meado	w Lane		10	1. ZIP CODE 21029		109. CITIZE	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	P. WAS DECEDENT EVER IF FORCES? 1 1 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) y:	s or No — 14	4. RACE — American Indian, Black, White, etc. Specify White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12	ION np/eted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us.	rork done during m		ACCOUN		ETRY
	17. FATHER'S NAME (First, Middle, Last)  James Crawford					ME (First, Middle, Maiden Starling	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Richard Felsenstei	n.				Route Number, City or Towne, Clarks		
	20a. METNOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	I from State cer	o.PLACE AND DATE One tery, cremetory or of eadowride	her niecel		1./ .	Sey, I	ty or Town, Stata
	21. SIGNATURE OF FUNCEIAL SERVICE LICENTE LA CONTRACTOR LA			Leroy	M & Rus			uneral Home a, MD 21045
	23. PART I. Enter the disease or conshock, or heer failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	END STA	ech line.	QUIRED IN		FICIENCY SY		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		A CONSEQUENCE OF					
MEDICAL C	PART II. Other significent conditions of TOXOPLASMOSIS	ontributing to deeth t	but not resulting i	n the underlyin	ng ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 X
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE C	OF DEATH YE	S NO	UNCERTAI	N 🗆		
PHYSICIAN:		OSPITAL:    Continue	28b. TIM	E OF 28c. IN	JURY AT	8 Other (Specify)	INJURY OCCU	RED
В	1 Determine 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year)  26a. PLACE OF INJUR' building, etc. (Spe	Y — Al home, ferm, s	M 1 🗆	YES 2 NO	28t. LOCATION (Street City or Town, State	end Number or	r Rural Route Number,
COMPLETED	4 Nomicide determined							
OMP	(Check only 1 CARTIFYIND PNYSICIA	N: To the best of my known						cause(a) and manner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Hist			29c. LICENSE NU		29d. DATE :	SIGNED (Mopth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C				OWSON A	MARYLAND 21	204	

FEB 0 71996

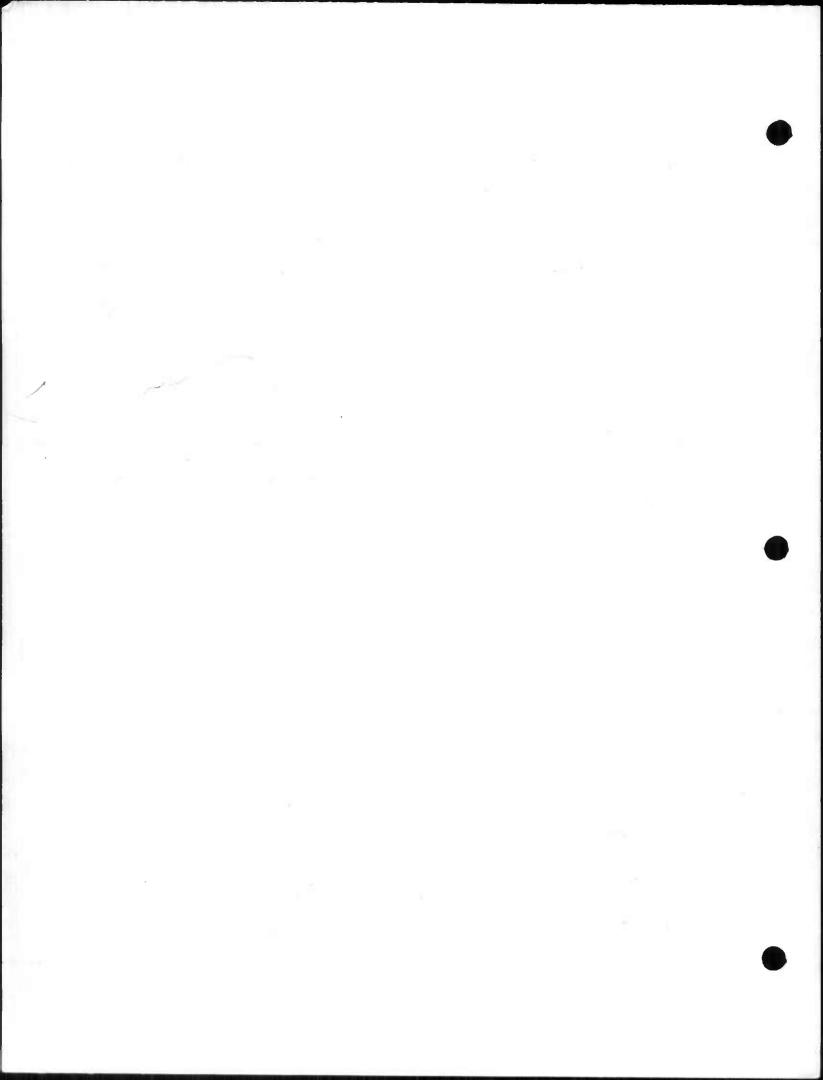
32. REGISTRAR'S SIGNATURE

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

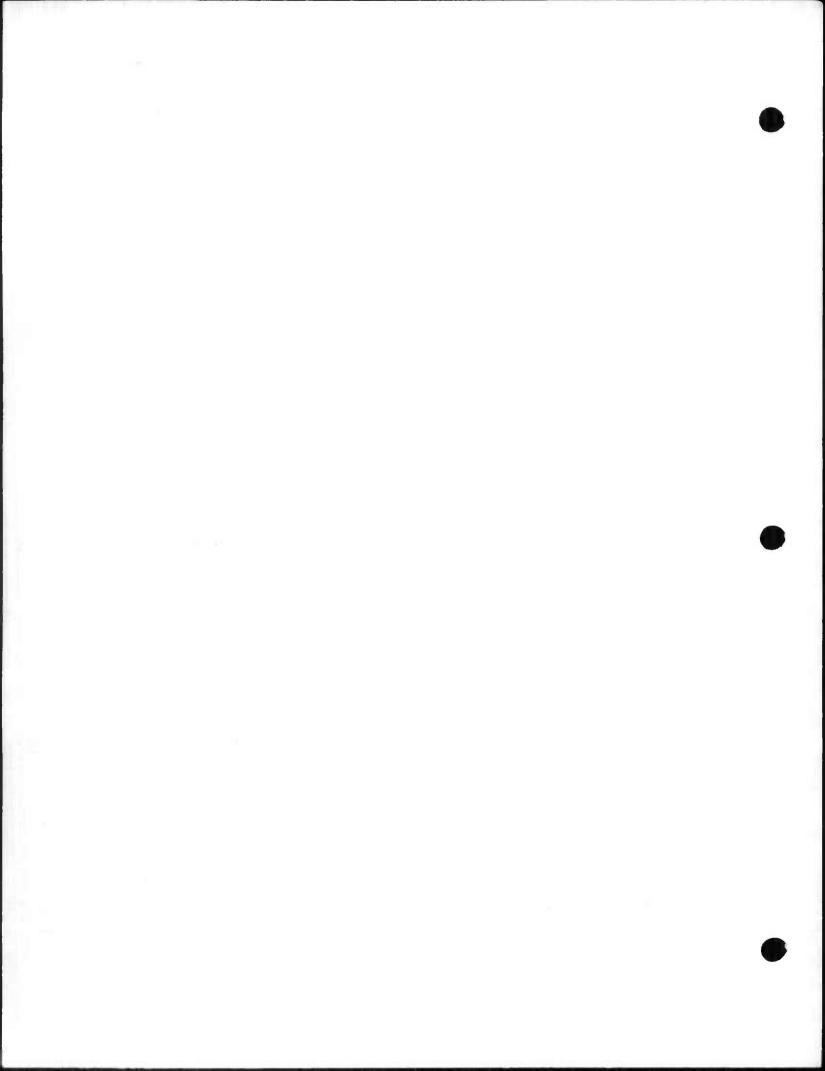
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 724gurg after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) RODSENELT	Donald			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 427 343419	5. SEX 1 M 2 G F 6. AGE (In	yrs. lest birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year)		ATHPLACE (State or Foreign yntry) 451951777				
בסוסם	9a. FACILITY NAME (If not institution, give str	HOSPITAL	9b. C	BNT1 MOPE	DEATH	9c. COUNTY OF DEATH					
NINE C	10a. STATE 10b. COUNTY	1/A	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO				
LONEDAL	100. STREET AND NUMBER 727 VRUSTO PAI	2 K La No. 9	Z. Ap7, 50	101. ZIP CODE	17	10g. CITIZEN OF WHAT COUNTRY?					
בי בי	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	IS. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxic 1 YES 2 D NO Speci	an, Puarto Rican, etc.)	or No — 14. R.	No— 14. RACE — American Indian, Black, White, etc.				
CE I ED	15. DECEDENT'S EDUC (Specify only highest grade of Elementacy/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Of NOT use retire	ne during most of working		SNIPYARD					
DE COMPL	17. FATHER'S NAME (First, Middle, Lest)		<u> </u>	18. MOTHER'S N	AME (First, Middle, Meiden	/					
2	194 INFORMANT'S NAME (Type/Print)	Kson	196. MAILING ADDR	OAKFORD	AVE, BAL	State, Zip Code,	21215				
	20 SETHOD OF DISPOSITION 1 Description 2 Common 3 Remo 4 Domission 5 Office (Specify) 21. SIGNATURE OF STREET, SERVICE LICE	1 1/2	ARRI 900	FOREST V.	1.4/1/Du	CATION - CITY O	Milly MD,				
	23. PARITA Ethyl the diseases, of c	mel	the death De and an	CARY TO THE TO	VILTON PAS	5 BAL	T.MD, 21229				
	immediate cause (Fine) disease or condition resulting in deeth)	List only one ceuse on ee	ch line.	iei iiie iiiode oi dying, su	on an enterior reapi	atory arreat,	Approximate interval Between Onset and Death ZO Days				
5	Sequentially list conditions,  Due to (or as a consequence of):  Left is the conditions of the conditi										
HILLAHON	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
AL CE	PART ii. Other significent condition	s contributing to deeth bu	It not resulting in the	underlying cause given in	n Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC	DID TOBACCO USE CONTR	DIDLITE TO CALICE OF	DEATH VEC T	NO UNCERTA	1 O YES 2	XNO	OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	88. PLACE OF DEATH (Che	eck only one)							
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Department 2 ☐ ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK?  1 YES 2 NO	8 Other (Specify)  28d. OESCRIBE HOW II	NJURY OCCURE	D				
IED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, street,	1	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLEIED	(Crieck only	CIAN: To the best of my knowle R: On the besis of examination	_				se(a) and menner as stated.				
OBEC	29b. SIGNATURE AND TITLE OF CONTRIES	lan		29c. LICENSE N	UMBER 2	≥ 2 ·	NED (Month, Day, Year). -4-96				
	30. NAME AND A GORESS OF PERSON WH	. Davis	mD	Umv. of	manyland	e Hos	pital				
	FEB 0 71996	32. REGISTRAR'S SIGNA	TURE	-	/		•				



BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE WORTEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last,			_					2. DATE OF	DEATH	NY .		3. TIME OF DEATH
	Jerry D.	· Vavis							MONTH			96	3:15 PM
	4. SOCIAL SECURITY NUMBER						IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH Countr	PLACE (State or Foreign
	212-42-0344		51	YRS.	MONTHS				JUNE 1		944		T VIRGINIA
oc l	9a. FACILITY NAME (If not institution, give JOSEPH RICHEY HO							ON OF DEA	ATH			VITY OF D	
DIRECTOR	RESIDENCE OF DECEDENT				BAI	LTIMO	)RE	CITY			BAL.	T.TWO	RE CITY
12	10e. STATE 10b. COUN	TY		10c. CIT	, TOWN O	R LOCATIO	ON				-		10d. INSIDE CITY
	MARYLAND BALT	rimore		ESS	EX						1 TES 2 X N		
₹ N	10e. STREET AND NUMBER					107.	ZIP CODE				10g. CITI	ZEN OF W	THAT COUNTRY?
FUNER	908 HOLGATE DRIV						2122					red :	STATES
교	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 N	MED	13. V	3. WAS DECENDENT OF HISPANIC ORIGIN? (S If yes, specify Cuben, Mexican, Puerto Rica				Specify Yes in, etc.)	or No-	14. RACE Bleck	— American Indian, , White, atc.
B	3 Widowed 4 X Divorced	IF YES, GIVE WAR	OR DATES		_ ' '	1 YES 2 NO Specify:						Specif	WHITE
ETED	15. DECEDENT'S ED	UCATION fe completed)	18a. DEC	CEDENT'S	USUAL OC	CUPATION	d	1	16b. KI	ND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)		or worder	y					
COMPL	12		PR	ODUC	E CLE	ERK			GRO	CERY			
	17. FATHER'S NAME (First, Middle, Last) WARDEN D. DAVIS								IE (First, Midd				
BE	19a. INFORMANT'S NAME (Type/Print)		1 401						E. COC				
유	EVA TURNER								J RURN				21061
	200, METHOD OF DISPOSITION		20b. PLACE A	NDDATEC	F DISPOSI	TION /Nam	e of		DATE	200 10	CATION - 6	Olty or To-	en State
	1 A Buriel 2 Cremelion 3 Rer 4 Donation 5 Other (Specify)	novel from State	GLEN	or other place) N HAVEN MEM. PK. FEB.5,1996 GLEN							N BURNIE, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY KIRKLEY-RUDDICK FUNERAL HOME												
	No Nes	like											IE, MD21061
	23. PART i. Enter the diseases, or	complications that car	used the dea	eth. Do n									Approximate
	IMMEDIATE CAUSE (Final	List only one ceuse of											Onset and Death
	disease or condition resulting in death)	· Smare	11. CELL CARCINOMA ME						ETHSTHTIC				26 HOREMS
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	bDUE TO (OR	DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQ	UENCE OF	);								
뜅		d											-
AL.	PART II. Other aignificent condition	na contributing to dee	iting to deeth but not resulting in the underlying cause given in F					Part i. 24a. WAS AN AUTOPSY PERFORMED?				24b. WERE AUTOPSY FINDINGS	
	-								_   1	YES 2			COMPLETION OF CAUSE OF DEATH?
A									_				1   YES 2   NO
N N	DID TOBACCO USE CONT	RIBUTE TO CAUSI					UNC	ERTAIN					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER	:			/		21		
HYS	27. MANNER OF DEATH	1 - Inpatient 2 - ER/		28b, TIMI		ing Home 28c, INJUI		-	26d. DESCRI		11051		
	1 Natural 5 Pending	(Month, Day, Ye		INJ	JRY M	WOR			zeu. Deşçm	BE HOW II	1JOHY OCC	UHED	
D BY	3 Suicide 8 Could not be	28s. PLACE OF INJ	JURY — Al hon	ne, ferm, s	treet, facto			-	281. LOCATIO	N (Street a	nd Number	or Rural R	oute Number,
III	4 Homicide determined	bonding, etc.	Зреснуј						City or it	own, State)			
PL	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my k	knowledge, dea	th occurre	d at the tir	ne, dete e	nd placa,	and dua to	the cause(s	and man	ner sa state	id,	
COMPLETED	2 MEDICAL EXAMIN	ER: On the basis of axamin	nation and/or in	weatigation	n, in my op	olnion, dea	th occur	ed at the Hi	me, date and	l placa, and	dua to the	cause(a)	and manner as stated.
BE (	290 BIGNATURE AND TITLE OF CERTIFIE	1 11			1		NSE NUMB			29d. DATE	SIGNED	(Month, Day, Year)	
6	30. NAM AND ADDRESS OF PERSON WI	97	non	~			De	693	ಕ್ರ		FE	B 2	1996
	John B.	TO COMPLETED CAUSE OF	DEATH (ITEM		Print)	12:	=kh	5.	7 6	SUIT	- 19-	la r	201-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	70	, , , ,		- · · ·	-		JU (T	Dr.	19	2120)
	FEB 0 71996	Jala d'Eucleon	Redell										2161
	•												OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

1 -

DIVISION OF VITAL RECORDS, P.O. BOX

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH Edward J. Damitz 7:30 Z lanuary 6. AGE (In yrs 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 212-05-9412 9 DAYS 1 3 M 2 | F October 26/1905 Mary land 9b. CITY, TOWN OR LOCATION OF DEATH Mercy Medical timore DIRECTOR Pages 1, 2, 3 N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e STATE 10b. COUNTY N/A 1 X YES 2 NO Maryland Baltimore permit. BY FUNERAL 10. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE burial-transit 501 North Linwood Avenue 21205 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 📉 Never Married 2 🗌 Married Specify: White 1 YES 2 NO Specify: 3 Widowed 4 Divorced detached for use as the COMPLETED 16s., OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Clerk U.S. Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John J. Damitz Rose A. Piscor BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen M. Damitz (Sister) 501 N. Linwood Avenue, Baltimore, Maryland 21205 pe 20e. METHOD OF DISPOSITION
1 N Suriel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, Holy Rosary Cemetery 1/27/96 Baltimore, Maryland examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 18oher Schimunek Funeral Home a 3331 Brehms Lane, Baltimore, Maryland 21213 completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or head failure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the disesse or condition P and pal we tro tracture with Complications 16 hour event, regulting in death) crem and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMED? AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 2/10 Stendsis 1 TYES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h with the State C irked, or item item EXAMINER? 1 Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 280. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident unugy 23,1996 0 300 1 YES 2 NO DIRECTOR: After the hours after death v BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28 is r 6 Could not be COMPLETED 4 Homicide tome inwoodst TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTOR DE SJECT WITHIN 72 hours at TMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date 296. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ch 265 DE B 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Mure D. 301 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The second of th

M.L.JR. ITEMS: 23 PART I, II, 27, PER MECState of Maryland / FILM G-732 2/14/96 t.t

Department of Health and Mental Hygiene	96
Certificate of Death	

**Physician** /Medical Examiner

3. Time of Death 3:20 PM

**Funeral** Director

show r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

þ

Completed

Be

Examiner

Physician/Medical

by

Completed

Be

2

Certification:

edical

death with the Meryland filed within 72 hours efter Peges 1 and 2 should be filed within nent of Heelth end Mentel Hygiene. nt: if Item 27 Is marked other than " traumatic event. 6 Department of Important: If any injury or

Baltimore, Maryland 21215-0020

**Physician** /Medical **Examiner** 

the buriel-transit and physician 9 98 guipt etten Pol ed by the e signed by t page 2 this funerel Attending After death. Oppital or Attendi 24 hours after death Funeral Director: A filled in by the Funeral

Box 68760.

P.O.

Records.

Division of Vital

Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth FEB. 02, 1996 ISIAH JOHN DAVIS 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death 240 NORTH DOUGLAS STREET BALTIMORE N/A 5. Social Sacurity Number 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Yaar If Under 24 Hrs. 8. Data of Birth Feb 12,1950 9. Birthpiece (State or Foreign Deys 15M 20 F Months Hours 216-45-5166 45 Yrs. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. N/A Baltimore Yas 2□No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 240 Douglas Court 21205 USA 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detas: 14. Rece - American Indian, Black, White, atc. 11. Maritai Status Wes Dacedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Navar Married 2 Merried Specify: Black 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementery/Secondery (0-12) 12th College (1-4or 5+) Forklift Operator Food Warehouse 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Isiah Davis Beatrice Gill 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sister Ophelia Brown 3317 Old Frederick Road Balto, Md. 21229 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete **X** Buriai 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Zion Cem 2/07/96 Lansdowne, Md. 22. Nama and Address of Facility Funeral Service Co Caple Funeral Service 5502 Winner Avenue Balto, Md. 5502 Winner Avenue Balt plicetions thet caused the death. Do not antar tha mode of dying, such es cardiac or respiratory arrest, one ceuse on each line. Approximete Interval Between Onset and Death Immediate Cause (Final CIRRHOSIS OF THE LIVER disease or condition resulting in death) Due to (or es e consequenca ot): Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest

Due to (or es a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 2 Unknown

CHRONIC NARCOTISM

24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an autopsy performed?

1 Yes 2□ No

25. Wes case referred to medical 1 No 2 No

28. Place of Deeth (Check only one) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home MResidence 8 Other (Specify) 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of

27. Menner of Death 1 XX Naturei 5 Pending 2 Accident investigation

6 Could not be determined

28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28c. fnjury et Work? 1 Yes 2 No

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Yes 2 □ No

(Check only one) and Mile of certifie 29b. Signate

31. Dete filed (Month, Day, Year)

3 Suicide

29a, Certifier

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta end piece, end due to the ceuse(s) end menner es steted.

2 Thedical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and menner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

O.C.M.E

FEBRUARY 3, 1996

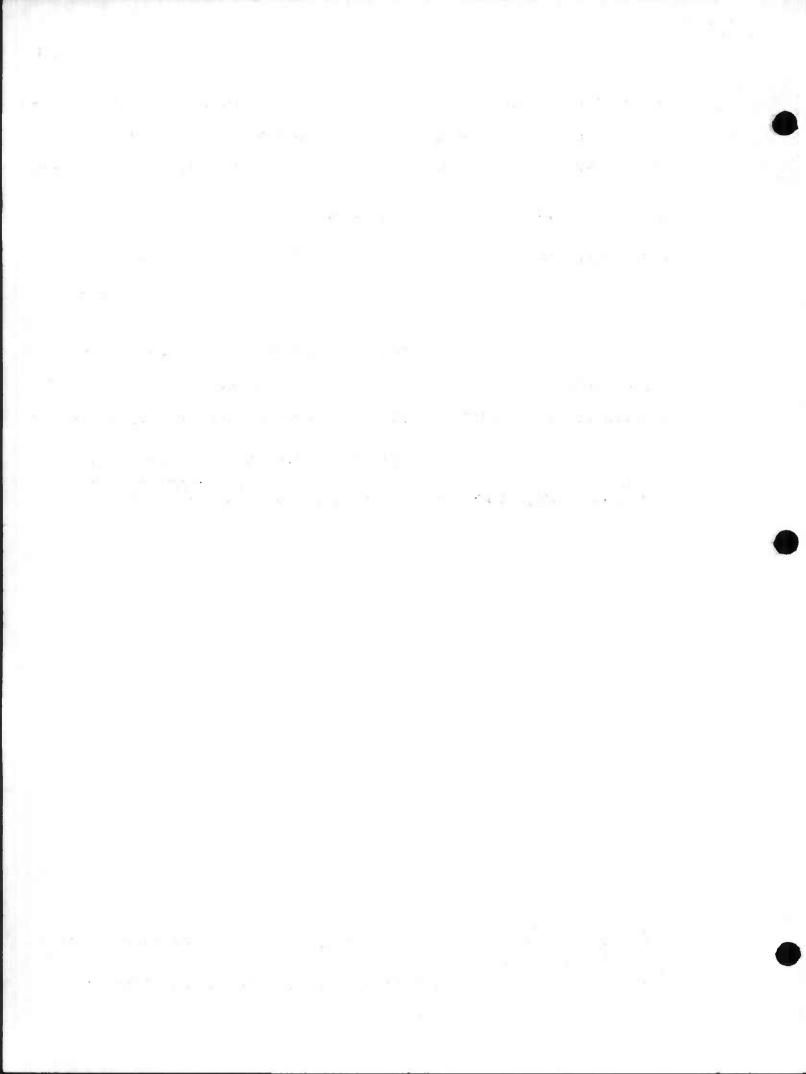
cause of death (Item 23a) (Type, Print) 30. Na

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32 Registrar's Signeture FEB 0 71996

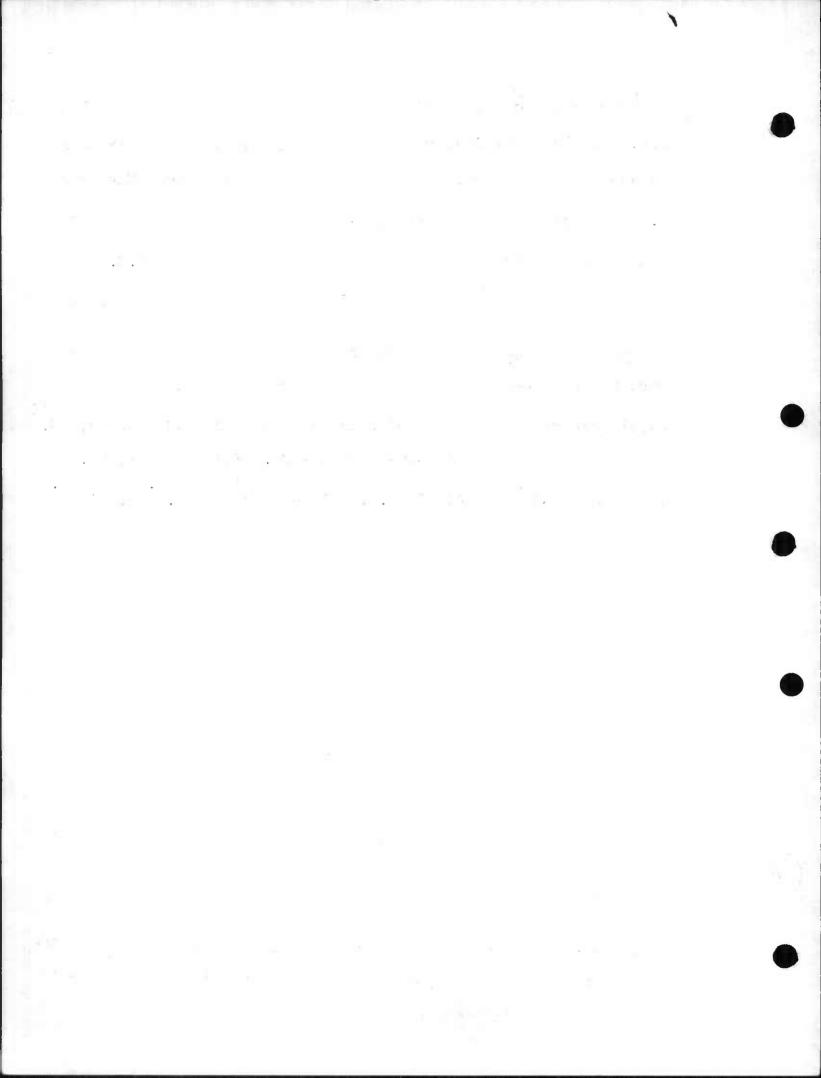
24 To the vithin 2



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 2 8 9 2 Certificate of Death

_					Cel	rtificate of	Death		Reg. No.			
Я	Physic	ian	1. Decedant's Nama (First, Middla,					2. Dete of D	eeth Dev	3. Tima of Death		
	/Medi		Koverla	- terqu	son			1	Lary 4	1996 7.40ai		
	Exami	ner	4e. Fecility Nama (If not institution, g				4b. City, Town, or	Location of Dea	th 4cu dounty	of Death		
			Northwest Ho			W I I - I - I V	Randall			altimore		
П	Funeral			1 M 2 F	rs. last birthday) Yrs.	If Undar 1 Year Months Days		(Month, D	lay, Year)	Birthplaca (State or Foraign Country)		
	Director		234-40-6562 Usual Rasidance of Dacadant	92	119.			09-2	20-03	Virginia		
	land ow		10s. Stata 10b. County	10c.	City, Town or Lo	cation				10d. Inside City Limits		
	Mary	to	MD. N/A				⊁\$ Yas 2□ No					
	ours after death with the Manylan ral', or items 23a or 28a-1 show Examiner mast be notified at	Funeral Director	10e. Street and Number			10f. Zip Coda			10g. Citizen of	What Counfry?		
	3a o	0	1 West Conway	Stroot		21202	)		TT	C		
121215-0020	death firs 2	ner	11. Marital Status	12. Wes Decedenf Ever in	n U,S. 13. V		Hispenic Orlgin? (S ben, Mexican, Puer	pecify Yas or N	lo- 14. Red	e - Amarican Indian,		
	after or ite		1 ☐ Naver Merried 2 ☐ Married	Armed Forces? 1 ☐ Yas 2 No				to Hicen, atc.)		ck, Whita, atc.		
	ral',	by	3 Widowed 4 Divorced	If Yes, Give Yaer or Datas:		1□Yas 211 No	Specify:		Specify	Black		
	Jainin 72 hours after death with the Maryland jiene. I then "netural", or items 23s or 28s-f show the Medical Examiner must be notified at	Completed	15. Decedant's (Spacify only highast of	Educetion trade completad)	16e. Deced	dant's Usual Occu	pation during most of wo	rkina	16b. Kind of B	usinass/Industry		
	within ene. then	du	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	lifa. L	DO NOT use ratire	9d)		Dest			
	The same of the same		12	1	טט	mestic			rate Homes			
and	S da b	Be	17. Fathar's Name (First, Middla, La Christopher	•					a, Ma <i>idan Sum</i> an	na)		
Ë	d 2 should be in and Mantal I is marked of traumatic eventuations.	2						Thompson  ral Routa Number, City or Town, Stata, Zip Coda) 2113				
Baltimore, Maryland	d2sl th and 7 Is n		19a, Informant's Name/Ralationship									
	s 1 and 3 if Health item 27 other tra		Carol Carter  20a. Mathod of Disposition	200	Le Lane	# IUZ I		Stown, MD. City or Town, Stata				
	or to		te Buriel 2 ☐ Cramation 3	DRam aval from Chata	cematary, cran	natory or other pla	Lal PK.		Arbutu			
			4 □ Donation 5 □ Othar (Special Signature of Funerel Sarvice Lice	··		. Name end Addr						
Ba	permit. Departm Importa any inju		1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	_A						onroe St.		
	_	-	23a. Part 1. Entar tha disaasa, or co	ech CFSP#						D. 21217		
H	Dhusisian		shock, or heart failura. List on	y one ceusa on aach lina.	aetti. Do not enti	er the mode of dy	ing, such as cardia	c or raspiratory	arrast,	Approximata Intarval Between Onset end Deeth		
	Physician /Medical		immadiata Causa (Finai	C O	00+00	0 6	1 a . A	- 1-1	1000			
П	Examiner		diseasa or condition rasulting in daath)	a. CMQ	csiw	e n	luce	Ja	und			
		Jer	immadiata Causa (Final diseasa or condition rasulting in daath)  a. Congestive heart failure  Due to (or as a consequence of):  b. Altern selection conditions, if any, laading to immadieta causa. Entar Underlying  Dua to (or as a consequence of):  disease									
	certificate be axecuted iding physician and isa as the burial-transit	Examiner	Sequentially list conditions	0.	o (or as a conseq	1	- au	Juone	vscuc			
oʻ	an ar		Sequantially list conditions, if any, laading to Immadieta ceusa. Entar Underlying									
68760,	ate by hysic tha by	//Medical	Causa (Disaase or Injury that initiated avants resulting in death) Lasf Dua to (or as a consaquance of):									
	artifica ing pl	Me	A visit of the state of the visit of the vis									
Вох				d,								
o.	that the death ned by the atter	Physician	Part II. Other significant conditions	contributing to death but not i	rasulting In tha ur	ndarlylng ceusa gi	ivan In Part I.	23b. Dic	tobacco use co	ntributs to the cause of death?		
P.0	hat the							10	Yes 2□ No	3 □ Probably 4 □ Unknow		
ds,	8 00	d by						040 11/0	o on autonous	24b. Wara autopsy findings		
Š	v require been si should	ete						per	s an autopsy formed?	available prior to complation of cause		
Be	9 7 8 2 8 2	Completed								of death?		
<u>e</u>	ician: The l certificate hu rector, page	- 1						10	Yas 2 No	1 ☐ Yas 2 ☐ No		
of Vital Records,	lician centif racto	o Be	25. Wes case rafarrad to medical axaminar?	Hospital:	-4	_ Ot	26. Place of De					
ō	Phy all	h	1 ☐ Yas 2 ☐ No  27. Mannar of Deeth	1 ☐ Inpatient 2	28b. Tima of	I SLI DOA	4 Li Nursing r	1	how injury occur			
E.	ding.	tlor	1 □ Natural 5 □ Panding 2 □ Accidant invastigati	(Month, Day Year,	injury	Wo	ork? ]Yas 2∐No		noo aqay ooo.			
Sie	Dy the	fica	3 Suicida 6 Could not	be on Dian of the control	t homa, farm, stra			28f. Location	(Street and Numl	per or Rural Routa Number,		
6	9 5 5 E	Certification:	4 Homicida datamina	building, atc. (Spe	ecify)			City or To	own, Stata)			
_	Hospiel 14 hours a Funeral D		29a. Cartifiar 1 Certifying F	hysician: To tha best of my k	nowledga, daath	occurred at tha ti	ima, data and place	and dua to the	a ceusa(s) and ma	annar as stated.		
	- 14 - 0	edical	(Check only 2 Medical Exp	miner: On the basis of axam and mannar stated.								
	Vilhin To the	Σ	29b. Signature and titla of certifiar	*		29c. Licen	se number		29d. Data signe	d (Month, Day, Year)		
	1		Kaio	aga		Das	112		tebruve	my 5 1446		
	4		30. Nama and addrass of person who	completed ceusa of daath (II	tem 23a) (Type,	Print)	Od Pa	undal	Islaun	d (Month, Day, Year) oury 5 1996 MD 21133		
						_ourt	10,20					
	Sta Registr	-	FEB (1996)	22. Registrar's Sig	natura					•		
	negisti	CI I		/	A 44. 6							

DHMH 16 Rev 6/95



### Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02893

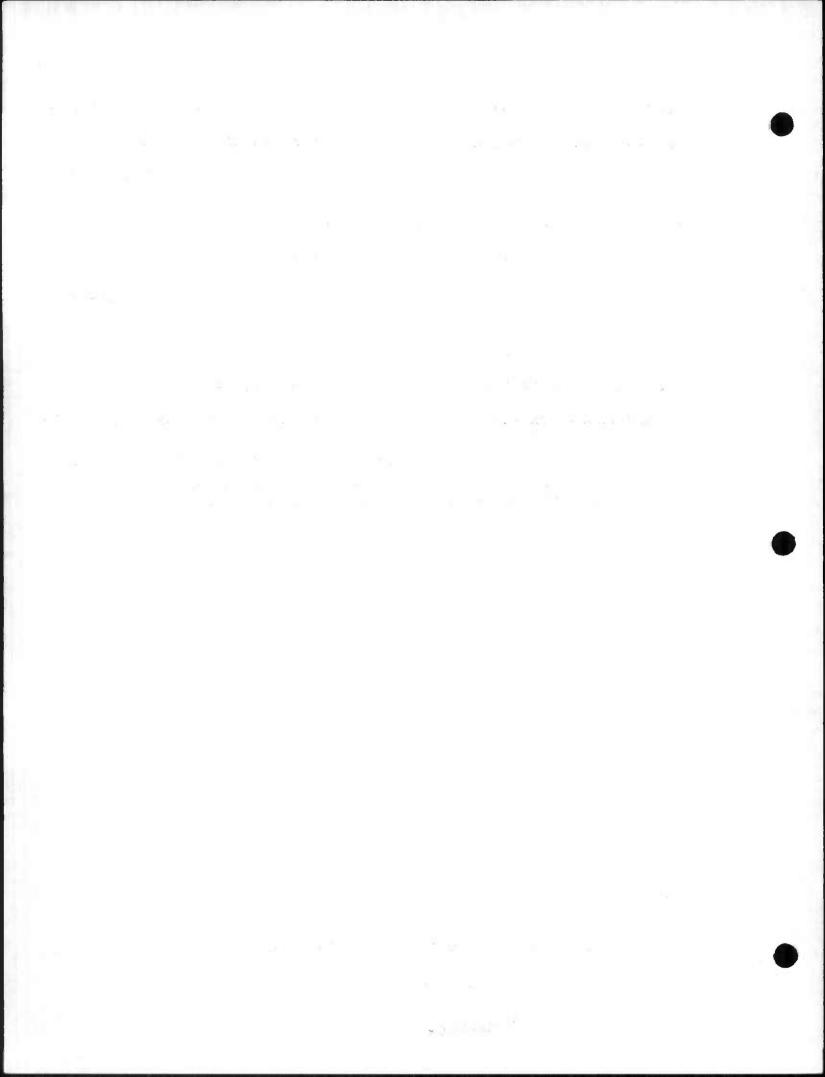
						Certifica	ate of	Death		Reg. No.	5 (	12030	
	Physici	an	Decedent's Neme (First, Middla, La.	st)					2. Dete of De	ath	Yeer	3. Time of Death	
	Physici /Medi		Nannie	Μ.		FEYELL			Februar		996	11:10 pm	
	Examir	ner	4e. Fecility Nama (If not institution, give				4	4b. City, Town, or	Location of Deet				
_			FRANKLIN SQUAR 5. Social Security Number 6. S		a /In ure last his	etholou) If Uni	dar 1 Yaar	N/A	9 Date of Bir		imore		
	Funeral Director		5. Sociel Security Number 6. Sex 1 Months Deys Hours Min. 2 SEPT. 13, 1914 VIRGIN. 9. Birthplace (State or F. Country) SEPT. 13, 1914 VIRGIN.									VIRGINIA	
	yland										10d. inside City Limits		
	Series	ctor	MARYLAND N?	A	В	ALTIMO	ORE C	CITY				Yas 2 No	
	after death with the Marylan or items 23a or 28a-f show miner mist be northed at	al Director	10e. Street and Number 5901 RADECKE A	VE.		10f.	Zip Code 212	206		10g. Citizen of V	What Cour	•	
21215-0020	n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f ahow spical Examiner must be nutrilled at	by Funeral	11. Maritel Stetus  1 Never Merried 2 Married 2 Widowed 4 Divorced	12. Wes Decedent Armed Forces?  1 Yes 2 Yes If Yes, Give Yaar or Dates:			cedent of H pecify Cubs	lispanic Origin? (S an, Mexican, Puar Specify:	o- 14. Race - Amarican Indian, Black, White, etc.  Specify: BLACK				
5-0	72 hours "natural", poles Exa	eted	15. Decedent's Ed (Specify only highest gra	ucation de complated)	16e.	Decedent's U	suei Occup work done	ation during most of wo	rking	16b. Kind of B	usiness/in	dustry	
121	d within piene. r than "	Completed	Elementary/Secondery (0-12)	College (1-4or 5	i+)								
d 2			5TH 17. Fether's Nema (First, Middle, Last)	N/A		HOUSI	SWIFE		me (First, Middle		HOME		
⊆ :	S d d d	To Be	TOM BOTCH						UDE BRO		,0)		
ary	d 2 should th and Men 7 is marks traumatic	-	19e. Informent's Name/Reletionship (	Type, Print)	19b	. Melling Addre	ess (Street	end Number or R			Stete, Zic	Code)	
	of tra		VANESSA MOYD	DAUGHT	ER 6	030 B	ARSTO	W RD.	BALTO,	MD. 2	21206	5	
			20a. Method of Disposition  1 ☑ Buriai 2 ☐ Cremetion 3 ☐  4 ☐ Donetion 5 ☐ Othar (Specifi		cemete	t Disposition (/ ry, cremetory of US MEN	or othar plac		Deta	20c. Location			
a	교육원들 .		21. Signature of Funerei Service Lipe	- 11	AKBUI	T		FEB.	9, 193	6 BALT	U, MI	).	
m	Depa impo		BALTO, MD. CALVIN B. SCRUGGS FUNERAL HO										
-			23e. Pert1. Enter tha disease, or companies shock, or heert fallure. List only	olicetions thet caused	tha death. Do	not enter the m	node of dyin	ig, such as cardie	c or respiretory a	rrest,	41	Approximate interval Between	
E F	Physician		N. Carrier of the Control of the Con								1	Onset and Deeth	
	/Medical Examiner		immediate Cause (Fine) diseasa or condition resulting in deeth)	Sepsis								12 hours	
		70	losaking in dookin		Due to (or es e	consequence o	of):					10.1	
	rted insit	Examiner		b. Dehydr							İ	48 hours	
ć	rificate be executed ng physician end as the burlat-transit	Еха	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Causa (Disease or injury	Due to (or es e	consequence o	of):				i I			
68760,	ysicia ysicia	cai	thet initiated events	consequance o	nn:								
89	5 0 0	Jed	resulting in death) Lest				i						
×	8 gg 8	any		d							1		
	0 0 0	Physician/Medical	Pert it. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. I								Did tobacco use contribute to the cause of death?		
P.O.	ras that the designed by the a									Yee 20 No	3 Prof	bably 4 Unknown	
Vital Records,	requir	Completed by								en autopsy ormed?	av	ere eutopsy findings rallebia prior to empletion of cause	
Be .	e lav	тр								V		death?	
<u>a</u> '	ician: The certificata rector, pag		25. Wes case referred to medical					OC Piece of De	10		1 1	Yes 2 No	
>		To Be	examiner?	Hospitei: 1 inpatle	nt 2□EB/Ou	utpetient 3	DOA Oth	or:	ath (Check only of Home 5 Resi		or /Specif	60	
101	g Phy er this		27. Manner of Death	28a. Date of Injur	y 28b. 7	Time of	28c. Injun World			how injury occur		77	
0	Attending ir death. actor: After by the fune	atio	1 Neturel 5 Pending invastigation		rear) I	njury M		Yes 2□No					
=	5 4 5 E	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injubuilding, etc	ury - At home, fa :: (Specify)	ırm, street, fect	ory, office		28f. Location ( City or To		per or Rura	al Routa Number,	
	i o the Hospital or within 24 hours afte To the Funeral Diri completely filled in	edicai C	29a. Certifier 1 Certifying Phyone) 2 Medicat Example 1	reiclan: To the best of iner: On the basis of end manner sta	examinetion en	dor investigati	ed et the tim on, in my o	ne, dete end piace pinion, deeth occi	e, and due to the urred at the time,	cause(s) end me date and piaca,	end due to	tated. o the cause(s)	
1	within 2 To the comple	Me	29b. Signeture end title of bertifier	1/2		- 2	29c. License	e number		29d. Date signe	d (Month,	Day, Year)	
			1. 1	noli -			RD 15	514			FEB	3, 1996	
			30. Name end eddress of person who o	completed cause of de	eeth (Item 23a)	(Type, Print)				1 1	01007	7	
			DR Claudia Kroker	MD, 9000	Frankli	n Squar	re Dri	Lve Balt	ımore Ma	ryland	2123/		
	Sta	te	31. Date filed (Month, Day, Year)	32. Registre	er's Signeture								

DHMH 16 Rev 6/95

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				State o	f Marylan		irtment of tificate o				giene 9 (	5 0	2894	
			1. Decedent'e Neme (First, Middle, La	ist)				-		2. Dete of De	eth	V	3. Time of Death	
	Physic /Medi		TERRY A. FIELDS						F	Month EBRUAR	Y 1, 19	96	6:15 A	
e .	Exami		4e. Fecility Neme (If not institution, gir	e street and nui	nber)			4b. City, To	own, or Loc	cation of Death	4c. County	of Death		
			THE JOHNS HOPKIN		TAL			BALTI		CITY	N,	/A		
1	Funeral Director		217-54-9554	Sex K□M 2□F	7. Age (In yrs. 45		If Under 1 Ye Months Day		Min.	8. Dete of Bird (Month, De NOV •	Year) 1,1950	9. Birthpl Count MAR	lace (State or Foreign try) YLAND	
	and w		Usuel Residence of Decedent  10a. Stete 10b. County		10c. Cit	y, Town or Loc	cation					10	0d. Inside City Limits	
	death with the Maryland rms 23a or 28a-f ahow r mast be not if ed at	ō	MARYLAND N/	7.			IMORE	CIMV					Y□Yes 2□No	
	284 Dott	Director	10e. Street end Number	Α.		DALL	10f. Zip Code				10g. Citizen of Whet Country?			
	23a or		2132 E. OLIVE	R ST.				21213			U.S	. A.		
	items 2	Funeral	11. Meritel Stetus		dent Ever in U,	S. 13. V	Ves Decedent of Yes, specify C	f Hispenic Or	Igin? (Spec	cify Yes or No	- 14. Rec	e - America		
0	or the		X Never Merried 2 Merried		1 ☐ Yes 2 🕰 No					ncan, etc.)		ck, White, e		
00	ural',	d by	3 Widowed 4 Divorced	Yeer or D	etes:	1 ☐ Yes 2 No Specify:								
15-	filed within 72 hours after Hygiene. ther than "natural", or fte ant, the Medical Examina	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)		(Give I	ent's Usuel Occ kind of work dor OO NOT use ret	ne during mos	st of workin	ng	16b. Kind of Br	usiness/Ind	ustry	
212	filed within Hygiene. other than and, the H	dwo	Elementery/Secondary (0-12)	College (1	-4or 5+)		INTER	,00)			PRIVA	TE C	0.	
P	be filed ital Hyg d other evant,	BeC	17. Fether's Neme (First, Middle, Last	)				18. Moth	er's Neme	(First, Middle,	Meiden Sumen			
/lar		To B	JAMES DANIEL FIELDS DOROTH							Y E.	JOHNSO	N		
Maryland 21215-0020	nd 2 lith au 27 is r trau		19e. Intorment's Neme/Reletionship (		R						er, City or Town, E BALT		Code) . 21234	
ore,	of Healt of Healt if Item 2		20e. Method of Disposition	10			sition (Neme of netory or other p	n/ece)		Dete	20c. Location -	City or Tox	wn, Stete	
Ē	Pag ment: M ury o		13℃ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Cont		51016		RE CEM		FE	B.6,1	996 BA	LTO,	MD.	
Baltimore,	permit. Pages 'Department of Himportant: if the any Injury or of since.		21. Signature of Funerei Service Licensee  22. Name and Address of Facility RUGGS FUNERAL HOME  1412 E. PRESTON STREET BALTO, MD. 21213											
	100		23a. Pert1. Enter the disease, or complications that caused to dust. Do not enter the mode of dying, euch as cardiac or respiratory errest, shock, or heart tellure. List only one cause on each line.  Approximate Interval Between											
	Physician /Medical Examiner	Immediate Cause (Finel disease or condition resulting In death)  Due to (or es a consequence of):										-	Onset and Death	
	and i-transit	Examiner	Sequentielly list conditions.	b	Due to (o	r es e consequ	uenca ot):					1		
8760,		al Ex	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	C										
9	sate shys	Medical	thet initiated events resulting in death) Last	ч	Due to (or	r es e consequ	enca of):							
Box	eath certific attending p I for use as	Physician/M												
P.0.	that the de ed by the detached	iysi	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause						l.		ild tobacco use contribute to the cause of death?			
0	ires that the signed by d be detact	by Pt	1 □ Yes 2 □ No 3 □								3 🗆 Prob	ably 4 Unknow		
Records,	requ peen shoul	Completed b								24a. Wes perfo	en autopsy rmed?	ava	are autopsy findings alleble prior to appletion of cause	
Re	The law ate has b page 2 s	шо								101	Yes 2 No		death?	
ta	iclan: The certificate rector, pag	Bec	25. Wes case reterred to medical					28. Plec	e of Deeth	(Check only o			740	
1	5 00 0	ToE	exeminer? 1 ☐ Yes 2 No	Hospitel:	npatient 2	ER/Outpatient	3□ DOA	Whor:			dence 8 □Oth	er (Specify	)	
Division of Vital	gu die		27. Menner of Death  1 Neturel 5 Pending 2 Accident Investigatio		nt Injury h, Dey Year)	28b. Time of Injury	28c. In V	jury et /ork? □ Yes 2 □		8d. Describe I	how Injury occur	red		
Divis		Certification:	3 Suicide 6 Could not be determined	e 28e. Plece buildin	of Injury - At hong, etc. (Specify	Injury - At home, ferm, street, tectory, office 28f. Loc					cation (Street end Number or Rural Route Number, ty or Town, Stete)			
	to the Hospital or Attending thin 24 hours after death to the Funeral Director: A completely filled in by the f	edical C	29e. Certifier 1 Certifying Pt (Check only one)	ysician: To the niner: On the be end menr	sis of examinet	wledge, deeth tion end/or inv	occurred et the estigetion, in m	time, dete er y oplnion, dee	nd plece, ea	nd due to the	ceuse(s) end ma dete end plece,	end due to	eted. the ceuse(s)	
	ithin 2 To the	Me	29b. Signeture end title of certifier				29c. Lice	nse number			29d. Dete signe	d (Month, E	Day, Year)	
	1		) um.um	core	- MT	>	~	n289	14		FEBRUA	WEY 1	,1996.	
1	0)		30. Name and address of person who	completed caus	e of deeth (Item	23a) (Type, F	Print)							
	Sta	te	31. Dete filed (Month, Day, Year)	32. R	egistrer's Signe			-			-			
	Registr	ar	FEB 0 71996	(1: 4)	-									

DHMH 16 Rev 6/95



Pages 1, 2, 3

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IMPORTANT: If

31, DATE FILED (Month, Day, Year) FEB 0 7 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARLES A. HAILE, M.D., 7505 OSLER DR., TOWSON, MD. 21204

32. REGISTRAR'S SIGNATURE

ONCE.

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examiner

	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and complete hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem.
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	K	出る
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ITEMS: 10f, 19b, PER F.H. FILM G-732 2/13/96 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 2, DATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH YEAR Feb 2 1996 3:12 am w GIORGILLI FRANK CLARK 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) 9. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 F 219-94-2996 8, Maryland Aug. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Saint Joseph Medical Center Towson, Maryland RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland 1 - YES 2 NO Baltimore Towson 10. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 212 Maryland Avenue 21204 21286 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ₩NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.) 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Diverced 1 TYES 2 NO Specify Specify: BY White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Finance Director Sheehy Ford 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Raphael Giorgilli Clarke Joanne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Victoria S. Giorgilli Maryland 21204 21286 212 Maryland Ave. Towson. 26s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State cemetery, cremetory or other place)
Gardens of Faith Cemetery 2/6/96 Overlea, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Road Wallace Brooks Dr. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease pr condition DAYS MULTI-ORGAN SYSTEM FAILURE AND SEPSIS resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF) OVERWHELMING STAPHLOCOCCUS AUREUS BACTERMIA DAYS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate Cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS PERFORMED? AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 1 | YES 2 | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO MI UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Department 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 -4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Destural
2 Accident 5 Pending Investigation M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 Check only 1 CRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and menner as atteted. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES ( Sevelos of \$\frac{1}{2}\$) 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE EB D17008 2

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State of Maryland / Department of Health and Mental Hygiene

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						Certifica	te of	Death		Reg. No.	10	02030	
	Dhuala	-	1. Decedant's Name (First, Middla, La	st)					2. Date of De	eth Dey	Yaar	3. Tima of Death	
Л	Physic /Medi		IDA THERE	SA	GROSS				FEB.	5	1996	5:35 A.M	
	Exami		4a. Facility Neme (If not Institution, giv	re street end number)				4b. City, Town, or Lo	ocation of Deat	h 4c. Count	y of Death		
10			Stella Maris Hosp	Towson	Baltimore								
1	Funeral Director		5. Sociel Security Number 6. S 216-03-1866 Usuel Residence of Decedent	Sex 7. Ag	ga (In yrs. last t	Yrs. If Und Months	er 1 Year 3 Deys	If Undar 24 Hrs. Hours Min.	o. pete of pitti				
	and w		10e. Stete 10b. County		10c. City, To	wn or Location					1	0d. Inside City Limits	
	Mary f sh	0	Maryland Harf	ford		Abingdor	1					1 ☐ Yes 2 ☑ No	
	the north	Director	10e. Street and Number		1.		ip Code			10g. Citizen of	What Coun	itry?	
	3a or		P.O. Box 939					.009			US		
Maryland 21215-0020	s i end 2 should be filed within 72 hours after death with the Maryland Health end Mental Hygiene. tem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified as	by Funeral	11. Meritei Status  1 □ Never Merried 2 □ Married  3 □ Widowed 4 ₺ Divorced	12. Wes Decedent Armed Forcas? 1 ☐ Yes 2 ☐ If Yes, Giva Yeer or Detes:			edent of it ecify Cub 2 No	dispenic Origin? (Sp an, Maxicen, Puerto Specify:	ecify Yes or No Rican, etc.)	5- 14. Rei Bla Specif	ca - Americ ick, White, fy:		
	filed within 72 ho Hygiene. ther then "neturi ent, the Medical	Completed	15. Decadent's Et (Specify only highest gra Eiementery/Secondery (0-12)		5+)		ork done use retire	rk done during most of working se retired)					
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	should be find Mental I	Be	Walter Wodarski	,							110)		
7	M M M	2	19a. Informent's Neme/Raletionship (	Type Print)	ila Walkiewicz ural Routa Number, City or Town, State, Zip Code)								
ξ S	od 2 should be s		Mrs. Shirley J. S					Abingdon				0000)	
altimore,	permit. Peges 1 end 2 Department of Health Important: If Item 27 I any Injury or other tri once.		20a. Mathod of Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐	Removei from Stete	20b. Pieca camer	of Disposition (Nerry, crematory or	ame of other ple	се)	Dete	20c. Location	- City or To		
	ortant		4 □ Donation 5 □ Other (Specifical Service Licer		Hillt			Corp. 2/6/	96	Towson	Mary!	Land	
Ba	Depa Impo any le		23a. Part1. Enter the disaesa, or com shock, or heart failura. List only	Buck		Ruck '	rowsc	n Funeral			050 Yo	ork Road	
	/Medical Examiner De executed us by sicilar and physician and set the burial-transit	Examiner	Immediate Ceusa (Final diseasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause, (Disease or injury	e. <i>END ST</i> .	Dua to (or as	CHEIMER 'S a consequence of	j):	SEASE					
ox 68760,	certificeta be nding physicia use es the bu	VMedical	that initiated evants resulting in deeth) Last  Dua to (or es e consequenca of):										
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, P.O.	requires that the death ce een signed by the attendi hould be detached for use	by Physician/I	Pert II. Other significant conditions of	ontributing to death b	ut not resulting	in the underlying	cause gr	/en in Pert I.	23b. Did tobacco use contribute to the cause of death  1 Yes 2 No 3 Probably 4 Unknow				
Records,	requir seen s hould	Completed b				-			24e. Wes	an autopsy ormed?	COL	ere autopsy findings elleble prior to mplation of cause death?	
Re	The lew ate hes b pege 2 s	m C		,		)			10	Yes 2□No		Yes 2□ No	
ta			25. Was case ratarred to medical	-/-	-	/		00 81			1	1 105 2LINO	
of Vital	Physician: r this certific and director,	To Be	exeminer?	Hospitel:	w 25/EDIC	Outpatient 3 1	Ott	26. Place of Deet		one) denca 6 □Ott	har (Cassifi	Lil.	
	Phys eral di		27. Menner of Deeth	28e. Data of Inju	ry 28b	Time of	28c. Inju			how injury occur		//	
Division	To the Hespital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	ertification:	Theturel 5 Panding Investigation 3 Suicide 6 Could not be datermined	1	ury - At home,	M ferm, street, fector	1 🗆	Yes 2 □ No	28f. Location ( City or To		ber or Rura	ni Route Number,	
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	To th To th comp	Me	29b. Signeture end title of certifier			2	9c. Litons	e number		29d. Date signe		Day, Year)	
	14		30. Neme and industrial of person who end of the state of	M.D. 2300	DULANE	) (Type, Print)	Y RD	TOWSON,	MD 212	04			
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registr	ar's Signeture								

Registrar

2,	ΙĒ	Rel Air Nursing & Rehabilitio	n Ce	nte
ges 1,	DIRECTO	10a. STATE 10b. COUNTY		10c. C
permit. Pages		Maryland Harford		F
E	FUNERAL	10e. STREET AND NUMBER		
1	E E	116 Glenwood Road		
020 physician. burial-transit	5	11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARI	
ing phy the but	BY F	1 Never Married 2 Married IF YES, GIVE WAR OR D.		
AND 21215-0020 the hospital or attending physician, detached for use as the burial-tra				
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	ve kind o Do NOT
pital or	2	Elementary/Secondary (0-12) College (1-4 or 5+)		
AND the hospit detached	COM	17. FATHER'S NAME (First, Middle, Last)		ome
The state of the s		Wilhelm Maurer		
retained b	BE	19e. INFORMANT'S NAME (Type/Print)	19b	MAILI
		Mrs. June R. Finspruch		
2 d d d	5	20a. METHOD OF DISPOSITION 20b	. PLACE A	ame ND DAT
cto.	S	1 Durisi 2 Cremetion 3 Removal from State	arkwi	natory of
P 29 1		21. SIGNATURE OF FUNERAL SERVICE LIGHTSER	IKW	Jou
BALLIMORE, after death. Page 6 may be movel. movel.	CAG	Nordel & Schola h.		
ICIAN: The law requires that the death certificate be executed with the law requires that the death certificate be executed with the affect entities the standing physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior bunial, cremation, or removal the than 33 should say Injury or other Positionals.		23. PART I. Entar tha diseases, or complications that caused	tha dat	th. Do
led in b		shock, or haart fallura. Lest only one cause on a		
ely fille		disease or condition resulting in death)	510	
mplen crem		DUE TO (OR AS A	CONSEC	UENCE
NOT VITAL MECONDS, P.O. BOX 68/60.  GPHYSICIAN: The law requires that the death certificate be executed within from a firet this certificate has been signed by the attending physician and completely filled in by a which the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonanced the manager of the property	Z	Sequentially list conditions, b.		
De exe ian a		If any, leading to immediate	CONSEO	UENCE
cate cate bhysic e price		CAUSE. Enter UNDERLYING CAUSE (Disease or Injury		
Jing by		that Initiated events DUE TO (OR AS A resulting in death) LAST	CONSEC	UENCE
attend mal Hy		d		
the deat y the atte		PART II. Other algnificant conditions contributing to death b	ut not ra	sultin
that the day		Alzheimers D	em	en,
requires been sign t. of Heal				
law requas been as been of Dept. of 23 ch.	PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEAT	rh Y
he ia e has ie Deg	N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE	E OF DE
CIAN: The State I the State I	Sic	1 YES 2 NO 1 Inpetient 2 ER/Outp	etlent 3	□ DOA
YSICI S cert	<u> </u>	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)		28b. T
ING PHYSIC of the this ce eath with the	ВУ	1 Netural 5 Pending 2 Accident Investigation	ı	
NDIN S. Aft.		3 Suicide 6 Could not be 28s. PLACE OF INJURY building, atc. (Spec	- At hon	ne, term
OR ATTENDI OR ATTENDI DIRECTOR: A hours after de		4 Homicide determined		
R R P	2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowl	ledge, der	th occu
OSPITAL OR ATTENDING F FUNERAL DIRECTOR: After t inthin 72 hours after death	COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination		
No.	[ O	29b. SIGNATURE AND TITLE OF CERTIFIER		
TO THE OSPITAL OR A	BE	11-14-		
7 70	일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM	27) (7/3
1		< HACLUSIA 1 NO		,

96 02897 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Feb 2m 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 X F DAYS HOURS 20,1905 212-74-8645 90 November Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bel Air ion Center Harford 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Bel Air 1 X YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21014 U.S.A. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-It yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: ER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. YES 2 NO White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Home Maker Own Home 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret DEhler 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) same as 10e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - Cify or Town, State Parkwood Cemetery 2/6/96 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Funeral Home, Inc. 5305 Harford Road Baltimore, Maryland 212 sad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** Interval Between on each line. **Onset and Death** PS15 days S A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OFI: th but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Dementia 1 TES 2 NO DF DEATH?

OF DEATH YES INO W UNCERTAIN I

28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF DEATH (Check only one)

28b. TIME OF INJURY

1 TES 2 NO

JRY — At home, term, street, factory, office Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) wledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

ation and/or investigation, in my opinion, death occursd at the time, data and piaca, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER

26d. DESCRIBE HOW INJURY OCCURED

D34652

BELAIR MAKYLAND

Home 5 - Rasidenca 6 - Other (Specify)

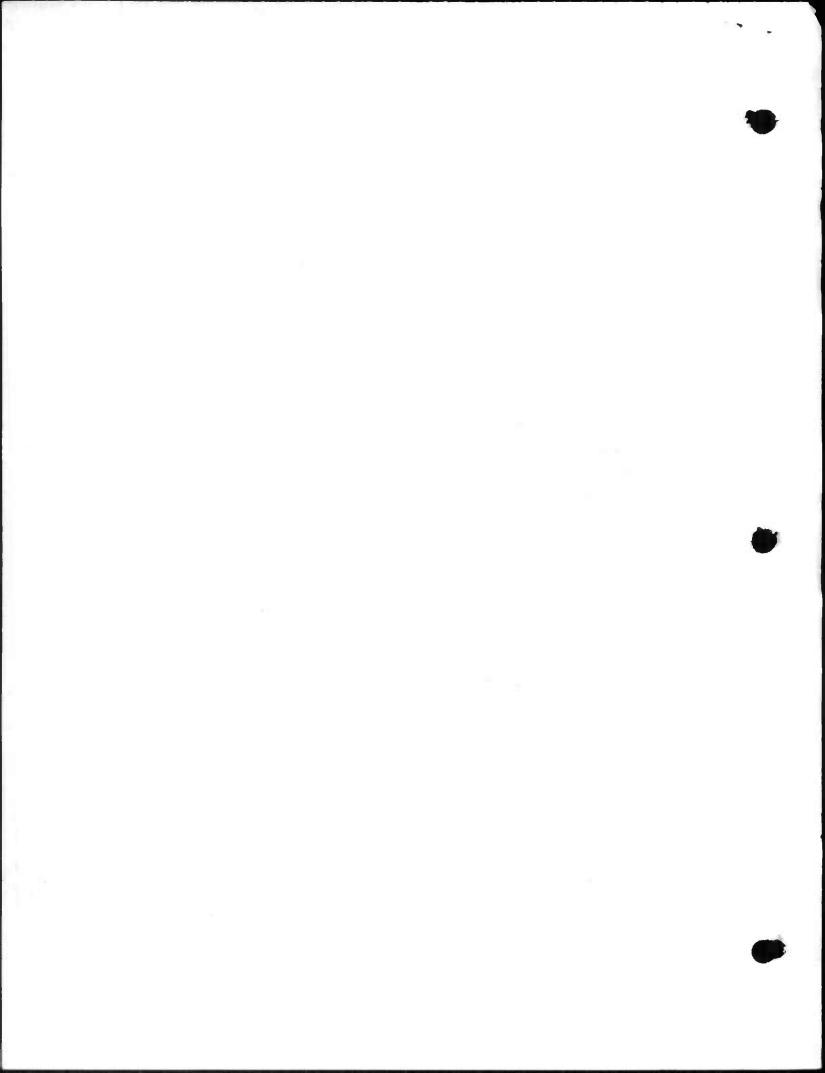
29d. DATE SIGNED (Month, Day, Year)

DEATH (ITEM 27) (Type, Print)

NORTH AVE 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FEB 0 71996



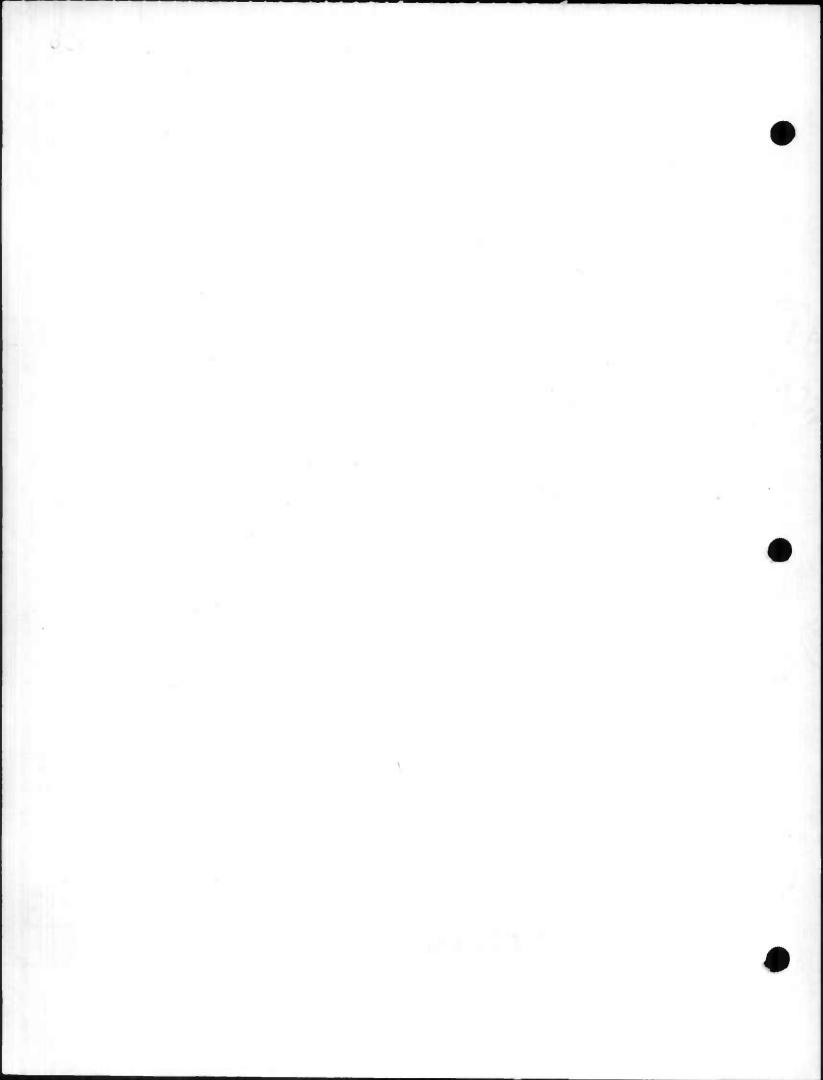
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTR	AR
F	1, D	ECEDENT'S	NA

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		U	EHIIF	ICAIL	UF	DEA		REG. N	Ю.			
	1. DECEDENT'S NAME (First, Middle Ruth E.	Curtis Hele	Y						2. DATE OF DEATH MONTH January 29	°1996	YEAR	3. TIME OF DEATH 8:20p M	
	4. SOCIAL SECURITY NUMBER 220-12-3158	5. 9EX 1 M 2XXF	6. AGE (In yrs. Ia: 70	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	April 2,	.925	Country	PLACE (State or Foreign y) Sylvania	
ì	Se. FACILITY NAME (If not institution				9b. CITY	TOWN C	R LOCATI	ON OF D	DEATH	9c. CC	OUNTY OF DE	EATH	
TOR	Holy Cross Hos	~			Silver Spring					Montgomery Coun			
DIPECTOR		county ontgomery Co	).	Kensin			on cocation					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A L	100. STREET AND NUMBER					101	ZIP COD	E		10g. C	ITIZEN OF W	VHAT COUNTRY?	
E E	3333 West Unive	ersity Avenu	ie, # 80	4			208	95		US	SA		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merrie  3 Wildowed 4 Divorced	FORCES?	T EVER IN U.S. AI YES 2 THE	2 NO If yes, specify Cuban,			n, Maxic	NISPANIC ORIGIN? (Specify Yes or No— Maxican, Puerto Rican, etc.) Specify:			- American Indian, White, etc.		
COMPLETED		r'S EDUCATION at grade completed)		ECEDENT'S					16b. KIND OF	BUSINESS/I	NDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	+)	. Do NOT u	se retired.)	during me	St OF WORK	ng				and the same		
P P	12		Ac	coun	tant				Int'1	Baker	rs & (	Confect. Unic	
ŏ	17. FATHER'S NAME (First, Middle, L						18. MOT	HER'S N	AME (First, Middle, Maid				
BE	William (	Clapp Curtis	3				Ne	e11i	e Elizabe	th Le	ee		
01	19a. INFORMANT'S NAME (Type/Pri			D. MAILING	ADDRESS	S (Street e	and Numbe	r or Rural	I Route Number, City or	lown, State,	Zip Code)		
F	Ms. Nancy M. I	Ms. Nancy M. Poe/daughter				eta	m Roa	ad,	Lake Rido	e, V:	iraini	ia 22192	
	20a. METHOD OF DISPOSITION 1		20b. PLACE cemetery, cri	AND DATE	OF DISPOS	SITION (NO	ame of		DATE 20c.	LOCATION	— City or To	wn, State	
	Baltimore Washington Crematory2-1-96 Laure1, MI 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043												
	23. PART I. Enter the disease shock, or heart find immediate CAUSE (Fine disease or condition resulting in death)	allure. List only one ca	et ceused the d	eath. Do e.		the mo	de of dy	ing, au	ch as cardiac or re			Approximata interval Batween Onset and Death	
CERTIFICATION	disease or condition resulting in death)  a. CARDIA C  DUE TO (OR AS A CONSEQUENCE  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST					C	AR	01	OMY OPATIO			5 YEAR	
MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting to ANAXIC ENCEPHALE									AN AUTOPS FORMED?	SY 24b	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 X NO	
	DID TOBACCO USE C	CONTRIBUTE TO CA	USE OF DEA	ATH Y	ES 🔲	NO B	UNC	CERTA	IN 🗆				
N N	25. WAS CASE REFERRED TO MED EXAMINER? 9		26. PLA	CE OF DEA									
S	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	esidence	5 Other (Specify)				
BY PHYSICIAN:	27, MANNER OF DEATH  1. Netural 5 Pendil 2 Accident Invest	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF JURY M	Wt	JURY AT ORK? YES 2 [	□ NO	28d. DESCRIBE NO	W INJURY	OCCURED		
	3 Suicide 8 Could 4 Nomicide datem	not be building	OF INJURY — At h , atc. (Specify)	ome, farm,	street, fec	tory, ofik	De .		28t. LOCATION (Sm City or Yown, St	et and Num ate)	nber or Rural I	Route Number,	
COMPLET	CONTROL OTHY	G PHYSICIAN: To the best of										s) end menner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF C	SON WHO COMPLETED CAN			o, Print)	¥ 2		ENSE NI				1 (Morth, Day, Year) 30, 1996 MD 20901	
	31. DATE FILED (MONTH), Day, Year)  FEB 0 71996  Jun Discontinue  Signature												



5. SEX

1 M 2 NF

Rose Jesse Holt

82

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Last)

4. SOCIAL SECURITY NUMBER

216-03-3183

3. TIME OF DEATH

> Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

BIRTHPLACE (State or Foreign Country)

MARYLAND

8:20 A M

REG. NO. 2. DATE OF DEATH DAY

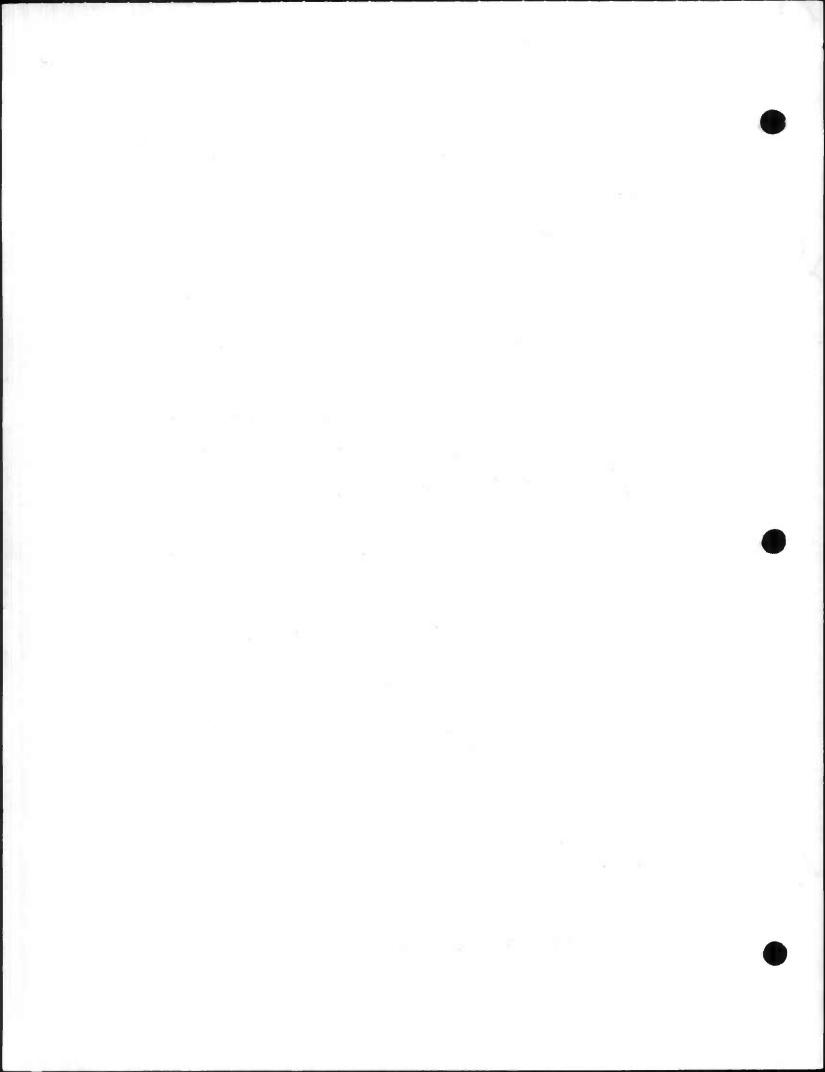
Feb rugry

7. DATE OF BIRTH (Month, Day, Year)

AUG 26,1913

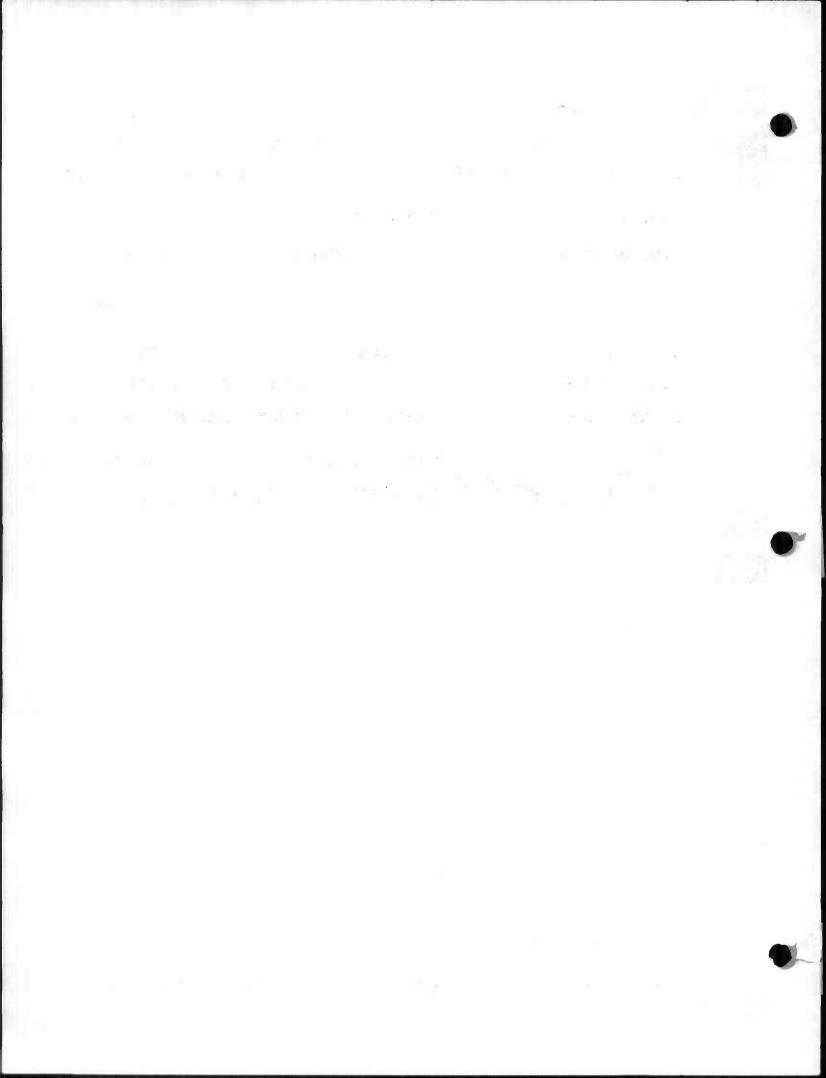
2, 3 shor	TOR	ST. ELIZABETH S		BALTIN	OR LOCATION OF OEA	1	BALTIMORE			
if. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT MARYLAND	ALTIMORE	10c. CI	TY, TOWN OR LOCA BAL	TIMORE			88.	d. INSIDE CITY LIMITS?
020 physician, burial-transit permit,	NERAL	10s. STREET AND NUMBER 5203 LEEDS AVENUE 11. MARITAL STATUS				1. ZIP CODE 21227			U.S.A	T COUNTRY?
21215-0020 al or attending physician for use as the burial-tra	BY FUN	1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 X NO	If yes, sp	CENDENT OF HISPANI secify Cuben, Mexican 3 2 X NO Specify:	, Puerto Rican,	etc.)		American Indian, Inite, etc.
	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12TH GRADE		(Give kind of life. Do NOT	s usual occupate work done during me use retired.) CE ADJUS'	ost of working	1 -0-14 (300)	OF BUSINESS/I		r
Z & & 6	BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY FRETWELL  190. INFORMANT'S NAME (Type/Print)			18. MOTHER'S NAME (First, Middle, Maiden Surname)  ELSIE KRUSE  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)					
	2	MILDRED REUWER		5205	LEEDS A	VENUE - B	ALTIMO	RE, MD	21227	
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be in		20g. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Ren  4 Donation 5 Other (Specify)			other place. CE			20c. LOCATION BALTIMO		State
9 2 9		21. SIGNATURE OF FUMERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   HUBBARD FUNERAL HOME, INC.   4107 WILKENS AVENUE-BALTIMORE,							ORE, MD	21229
, P.O. BOX 68760  eath certificate be executed within 24 hours after attending physician and completely filled in by the trail Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical of	CERTIFICATION	23. PART I. Enter the diseases, or abock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	4	godogo to		Approximate interval Betwee Onset and Dea				
RECORDS, Prequires that the death been signed by the attent of Health and Mental shows any Injury, or	MEDICAL	PART II. Other algnificant condition					- /-	WAS AN AUTOPS PERFORMED? YES 2 NO	AM CO OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ITAL F IT The Taw ricate has be State Dept.	SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ATH (Check only one)	UNCERTAIN				
OF V HYSICIAL Mith the with the Ked, or	РНҮ	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. INJ	PICE S Residence & PICE S PICE		HOW INJURY O	OCCUREO	
DIVISION  DR ATTENDING P  DR ECTOR: After the hours after death them 28 is man	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	street, factory, offic	•	28f. LOCATION City or Town	(Street end Numb n, State)	ber or Rural Route	Number,
	COMPLET		ICIAN: To the best of my know							d manner as stated.
TO THE HOSPI TO THE FUNER be fied within	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE	- Mul	EATH (ITEM 27) (Type	o, Print)	D 37	H GF	N 1	Eleman	E icel
		3320 Blosse 31. DATE FILEO (Month, Day, Year) FEB 0 7 1996	32. BEGISTRAR'S SIGN		otimire	m	21.	227		
		FEB 0 7 1996	your drawer	ar Reveall						

DHMH-18 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene 96 02900

						Certi	ficate of	Death	7		Reg. No.	20	06,500
			1. Decedant's Nama (First, Middla, L	ast)						2. Data of De	eth		3. Tima of Death
	Physic		ISABELLE RUTH	HALL					r	Month EBRUAF	2Y 04.	1996	03:45 A.M
	/Medi Exami		4a. Facility Nama (If not Institution, g					4b. City, To		cation of Deat		unty of Deat	
	Exami	ilei		OSPITAL				GI EN	BURN	I E		E ARUN	
-	Funeral				(In yrs. last bii		If Undar 1 Yaar	If Unda		8. Data of Bi (Month, De			hplace (Stata or Foreign ountry)
т	Director	н	216-32-4460	1□M 2□XF 8	6	Yrs.	Months Days	Hours	Min.	(Month, De JUNE 7	19, <i>Year)</i>	MAI	RYLAND
	ס		Usual Rasidance of Dacedant							,	, 1,00		
	show		10a. Stata 10b. County		10c. City, Tow								10d. Insida City Limits
	Ma Pa	Ş	MARYLAND ANNE	ARUNDEL	GLE	N BUR	RNIE						1 ☐ Yas 2 No
	or 28a-f	ire.	10e. Street and Number				10f. Zip Coda				10g. Citizan	of What Co	untry?
	th wi	Funeral Director	6501 DOLPHIN COU	RT			21061-	-1418			U.	S.A.	
	Hems Instru	ner	11. Marital Status	12. Was Decedant E Armed Forcas?	var In U,S.	13. Wa	s Dacedant of las, specify Cub	Hispanic Or	rigin? (Spe	cify Yas or No	o- 14.	Race - Amai Black, White	
0	of o	F	1 Navar Married 2 Married	1 ☐ Yas 2 ☑ No	0		Yas 2 No			mouri, aco.,			
90	ours	d by	3 ⅓ Widowed 4 ☐ Divorced	Yaar or Datas:							эр	ecity: WI	HITE
21215-0020	filed within 72 hours efter deeth with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show but, the Medical Exeminal must be notified at	Completed	15. Decedent's E (Specify only highast g	ducation ada com <i>plated)</i>	18e	. Decedar (Giva kir.	it's Usual Occu of of work dona NOT usa ratire	pation during mo	st of workir	na	16b. Kind o	of Businass/I	Industry
121	withln ane. than	ig m	Elementary/Secondary (0-12) 8TH GRADE	Collaga (1-4or 5+	+)			ed)			110	MEMAK]	TNC
	filed with Hygiane. other than	S		al.		HUME	EMAKER	40.14-11	-d- No-	(E2-1) 1 41 d d (			LING
and Sur	be fi	Be	17. Fathar's Nama (First, Middla, Las LEWES BARTHOLOME	i)						(First, Middle ASHING		,	
3	2 should be filed end Mental Hygi is marked other numetic event, to	1º											
Maryland			19a. Informant's Neme/Ralationship ROBERT E. HALL	(Type, Print)			Addrass (Stree CHARL)						Zip Code) 21218
Baltimore,	other tr		20a. Mathod of Disposition		20b. Place o	of Dispositi	ion (Nama of tory or othar pla	nce)		Data	20c. Locati	ion - City or	Town, Stata
E	Peges nent of I int: If ite		1 Burlal 2 □ Cramation 3 0 4 □ Donation 5 □ Other (Spec				EMORIAI		2	/6/96	DAYTO	NA REA	ACH, FLORIDA
H	permit. Pege Department of Important: If any Injury or once.		21. Signature of Foreign Sarvice Lice		1	_	lama and Addra			70750	2112 10	THE DEE	ion, i Bonizon
m	Depar Impor any Ir		1	4 61	11-		BARD FU						
			23a Part1 Enter the disease or con	nolications that caused	he death Do	410	7 WILKE	ENS AT	ENUE-	-BALTI	MORE,	MD 212	229 Approximata
1	Dhamisian		23a. Part1. Enter tha disaasa, or con shock, or haart failura. List only	ona causa on aach		not antai	ina moda or dy	ing, soon as	o cardiac o	i laspilatory e	111031,		Intarval Batween Onsat and Death
	Physician /Medical		Immadiete Causa (Final				-						2) days
	Examiner		disaasa or condition rasulting in daath)	a. F 10 4	eren	20	ce						2010
		Je.		( 000	Due to (or as a	conseque	nce of):	Rom	7	. / -	ما	İ	240001
	od d ensit	Examiner	Convention list and distance	b	ua to (or as a	soneonuo						1	2 1000 3
ó	exec in an	Exa	if any, leading to immadiata causa. Entar Undarlying	Derne	200	Ca	1100 017.						3,00
68760,	ysicle	cai	Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Ceusa (Disaasa or Injury that Initieted events	c	ua to (or as a	consequa	uca of).						3 183.
89	eeth certificate be executed ettending physician and for usa as the buriel-trensit	Medicai	rasuiting in daath) Last	_	(0.000								
Box	that the deeth cer ed by the ettendin detached for usa			d									
	requires that the deeth o seen signed by the ettend hould be detached for us	Physician	Part II. Other significant conditions	contributing to death but	not rasulting i	n tha unda	arlvino causa oi	van In Part	1.	23b. Did	tobacco use	contribute	to the cause of death?
P.0	t the d by the tached	hys	1	1 1	0		2 0	2			Yes 201		robably 4 Dunknown
	es tha igned be de	<b>Бу</b> Р	H3 DIBUT	(21/)	124	40	626	-1					
Records,	v require been sig should b					7					an autopsy	24b. \	Were autopsy findings available prior to
00	s been s shoul	Completed								peri	ormad?	X	completion of cause
	The law ate has b page 2 s	mo								10	Yas 201	10	1 Yas 2 No
tal		BeC	25. Was casa rafarred to medical					26 Place	o of Dooth	(Check only			10 100 ZEIIO
of Vital		To B	axaminar? 1 ☐ Yas 2 ☐ Ne	Hospital:	t 2 ER/Ou	utnationt	3□ DOA Ot	hor		na 5 ☐ Ras		Other (See	oifu)
0	£ 5 6		27. Manner of Death	28a. Data of Injury	28b.	Tima of	28c. Inju			8d. Dascribe			sny)
sion	ending Feath. tor: After the funer	ţi	1 ☐Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(Month, Day	Year)	Injury		ork? ]Yas 2.[	No	***			
S	or mendi	fice	3 Suicida 6 Could not	DO Diese of Inius	y - At homa, fa	arm, straat	, factory, office	-	2			umber or Ru	ural Routa Number,
DIM	d Die	Certification:	4 ☐ Homicida	building, etc.	(Spacify)	***************************************				City or To	wn, State)	_	
4	To the Republic or Arbent Within 2 ments aris coast To the Funeral Director: completaly filled in by the		29a. Certifiar 1☐ Cartifying P	hysician: To the best of	my knowledge	a, daath o	ocurred at tha ti	ima, deta ai	nd place, a	nd dua to tha	causa(s) and	d mannar as	stated.
-	Fulletaly	edicai		mtner: On the basis of e and manner state	examination an								
	To the within 2 To the comple	ž	29b. Signatura and titla of certifiar				29c. Lican	sa number			29d. Data si	igned (Monti	h, Day, Year)
			MO.AR	Kioon	In	INIT	MI	470	-2			2/1	0/96
	9		30. Name and eddrass of person who	complated cause of de-	ath (Itam 22e)	(Type D-	DI)	` / -	7			1	-110
			ROBERT KROOPNICK		, ,		LAZA RA	וואמוא	STOLI	MAD)	VI AND	21122	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Ragistrar		VII P	LNLA KA	MUALL	_STUWI	Y, MAK	LAND	L1133	
	Registi		FEB 0 71996	/ 1 / 0 / 6	Randall								



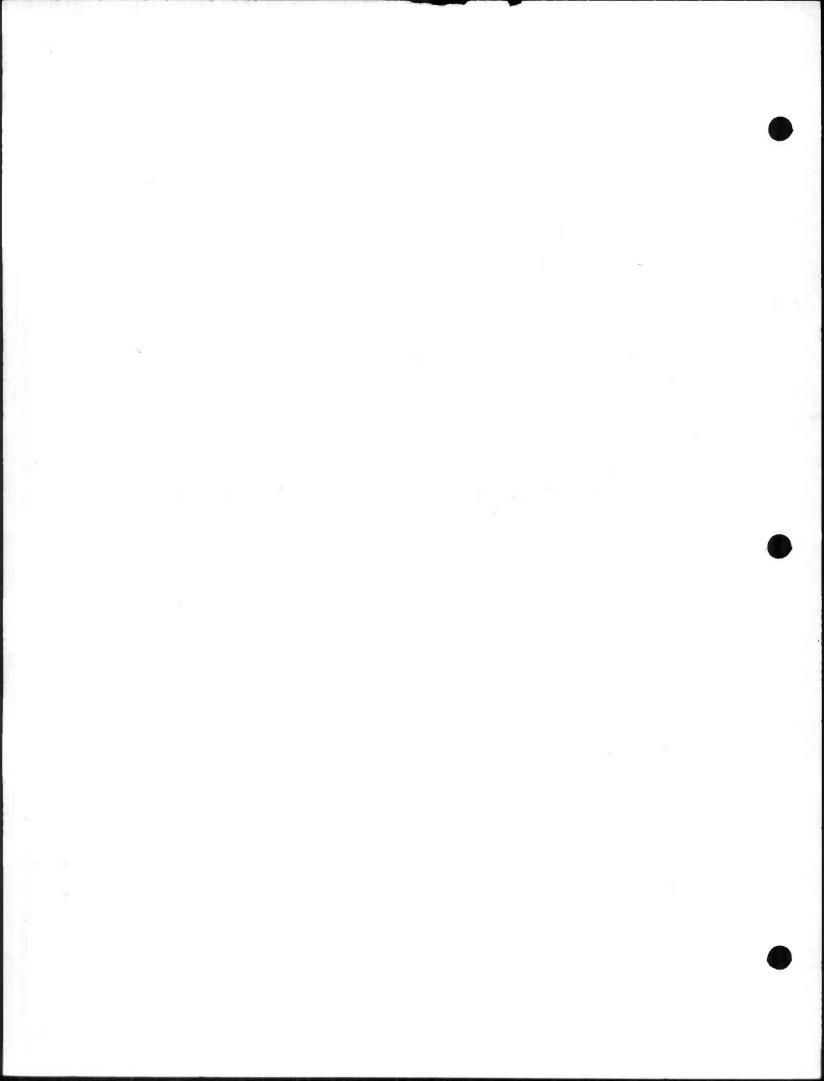
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.

TO THE FUNE STORE HOS TO BE STORE BORY. Or Health and Mental Hyghen prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3.	TIME OF DEATH	1
	JOSEPH	1+.	RINTZ			FEB	ther i		PAR	8:25	AM
	4. SOCIAL SECURITY NUMBER	The second second	(In yrs. last birthday)	IF UNDER 1 YE		. 7. DATE	OF BIRTH	8.		ACE (State or Fore	eign
	084-32-3854  9e. FACILITY NAME (If not institution, give str		2 YRS.	MONTHS DA	N OR LOCATION OF	MAY	18, 19		NEW Y		
DIRECTOR	FALLSTON GENERAL			FALL			HARFORD				
띮	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	CATION		10d, INSIDE CITY				
	MARYLAND HARFO	ORD	1	EDGEWOO					1	LIMITS?	10
FUNERAL	100. STREET AND NUMBER 1498 HARFORD SQUA	RE DRIVE			10f. ZIP CODE 21040			U.S		T COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IF			DECENDENT OF HISP			or No 14		American Indien	٦,
	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			, specify Cuben, Max YES 2 X NO Spe		Rican, etc.)		Black, W Specify:	Black, White, etc.	
В В				-						WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  12th grade  15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  POSTAL WORKER  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. KIND OF BUSINESS/INDUSTRY  16. MOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									TRY		
Elementery/Secondary (0-12) College (1-4 or 5+)										TOE	
MP	12th grade		POSTAL	WORKER	U.S. POSTAL SERVICE  16. MOTHER'S NAME (First, Middle, Maiden Surname)						
00	17. FATHER'S NAME (First, Middle, Lest)  JOSEPH HEINTZ				JENNI			Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		105 444 17 161	ADDRESS (Ov.	net and Number or Rur			. O T. O.	4-1	_	
5	MICHAEL HEINTZ				D SQUARE					. 21040	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from State 20b	PLACE AND DATE			OA.		CATION — City			
	4 Donation 5 Other (Specify)		. RAYMO			2/.	2 RK	ONX, N	EW Y	ORK	
	HUBBARD FUNERAL HOME, INC.										
	LAG !	V. Lofel			WILKENS					21229	
	23. PART I. Emer the diseases, or complications that sused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart feliure. List only one cade on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A COUTE CORD ARY ALTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, lauding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST										
AL C	PART ii. Other significant conditions	contributing to death b	out not resulting	in the under	ying ceuse givan	in Part i.	24a. WAS AN			ERE AUTOPSY FIN	
CA							PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CA	
PHYSICIAN: MEDIC							1 163	N. T.		DEATH?	0
2	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH Y	ES NO	☐ UNCERTA	AIN 🛛				- 100 - 100 (m)	
IA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OE	ATH (Check only	one)						
Sic	EXAMINER?	HOSPITAL:  1   Inpetient   2   ER/Outp	petiant 3 🗆 DOA	OTHER:	Home 5 Resident	e 6 🗆 Oth	er (Specify)				
Ĭ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c	INJURY AT WORK?	26d. OE	SCRIBE HOW	NJURY OCCU	RED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(MONNI, Ouy, Iour)			YES 2 NO						
	3 Suicida 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, stc. (Spec	— At home, farm, cify)	street, fectory,	office		CATION (Street y or Town, State		Rural Rout	te Number,	
E	29e. CERTIFIER										
COMPLETED	onel	CIAN: To the best of my know R: On the besis of examination							euse(s) er	nd manner es ste	oted.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Total			29c. LICENSE I	UMBER	_	29d. DATE S	IGNEO (M	onth, Day, Year)	
BE	gamshort	hu	DM	E		CME	•	1 2.	1. 1	991	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		- 19		343	. (	116.	
	-	310 BELAIN		102	f A LLSTO	1 m	40210	147.5	3.79	-6561	4
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  10. 1996										13	



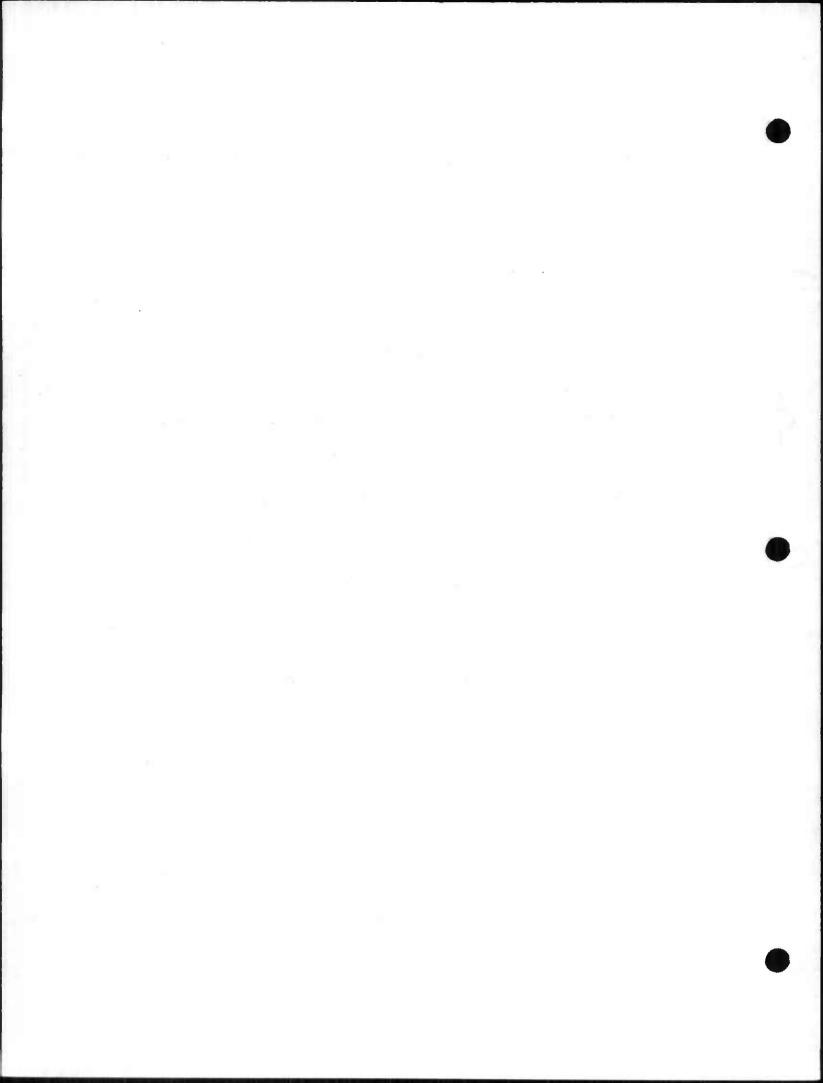
,		1 - STATE REGISTRAR			ICATE OF		MENIAL HIGIEN				
		1. DECEDENT'S NAME (First, Middle, Leat)	4	06	DA4	APF	2. DATE OF DEATH	му	YEAR 2: 15P-M		
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AN 1 □ M 2 ☑ F	GE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 7, 1		BIRTHPLACE (State or Foreign Country) Pennsylvania		
2, 3 should	стов	9a. FACILITY NAME (If not institution, give street and number) Meridian Nursing Home				OR LOCATION OF D		9c. COUNT	y of DEATH Baltimore		
Pages 1, 3	DIRECT	100. STATE 100. COUNTY Maryland Howard		toc. CIT	Y, TOWN OR LOCAT	mbia			10d. INSIDE CITY LIMITS?		
permit.	ERAL D	100. STREET AND NUMBER 6280—A Foreland Garth				. ZIP CODE	045		1 ☐ YES 2 🔯 NO EN OF WHAT COUNTRY?		
5-0020 nding physician. is the burial-transit	FUN	11. MARITAL STATUS  1 Nover Married 2 Married 12. WAS DECEDENT EVE FORCES? t V V	ES 2 N	WED O	If yes, spi	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		U.S.A.  4. BACE — American Indian, Black, White, etc.		
21 afte	тер ву	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	CEDENT'S	USUAL OCCUPATION	DN .	16b. KIND OF BU	ISINESS/INDU	white		
Spital or	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +)	ilte.	Do NOT us	e Maker			Own Home			
8 8 8 A	BE CO	17. FATHER'S NAME (First, Middle, Lest) Ignacious Kersch				Anne	(Unknown)				
MA retain 5 sho 10 tiff	10	Joseph M. Lambrecht (Son)	5	424	Storm Dr	rift Co.	Acute Number, City or Tow lumbia, Mar		21045		
e 6 ma ector, p		20s. METHOD OF DISPOSITION 1 Denial 2 St Cremation 3 Removal from State 4 Deniation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE A cemetery, cren MELTO	nd date of or or or or or or or or or or or or or	of disposition (Nather place)	eb. 9,199	96 Ca		ty or Town, State .lle, Maryland		
SALI r death. re funera al. examin		22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest,   Approximate									
ed within 24 hours completely filled in 1 al, cremation, or re-	Z						HareZ L'ordi A'a				
certificate be ding physician lygiene prior b	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST					a's	lps			
death death lemtal H	O	PART II. Other algorificent conditions contributing to deet	h hut not re	- ulalan i	to the underlying		· I - · · · · · ·				
requires that then signed by of Health and thows any in	MEDICAL	CORD					PERFOR	RMED?	24B. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO		
De la la la la la la la la la la la la la	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			TH (Check only one)	UNCERTAIL	N 🗆		121		
PHYSICIAN: The	IXSI	1 YES 2 NO t Inpetient 2 ER/O					6 Other (Specify)				
THE PERSON	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	nr)		M 1 V	RK? 'ES 2 ND	28d. DESCRIBE HOW I				
ATTENDING RECTIONS SE	ETED	3 Suicide 8 Could not be detarmined 28a. PLACE OF INJU building, etc. (S	JRY — At horr Specify)	ne, farm, s	street, factory, office	•	26t, LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
HUSPITAL O FUNERAL DI WITHIN 72 ho TTANT. II III	COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my kn one)  2 MEDICAL EXAMINER: On the basis of examina									
TO THE HUSPI TO THE FUNER THE WITHIN	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	4.0	^		DOS 3	WBER	29d. DATE S	BIGNED (Month, Day, Year)		
	2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEM	27) (1/100)	Prints .				13/16		
		TEBU 1996 Shutter	GHATURE Collate					-			

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fee the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	De filed within 72 hours after death with the State Dept. of Health and Me	IMPORTANT: If item 28 is marked, or item 23 shows any inju

pinous

	1 - STATE STATE OF MARYLANI	D / DEPARTI			MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)	0211111110	AIL OI	DEMI	2. DATE OF DEATH		3. TIME OF DEATH			
,	Margaret Harman	He	enrv		February 2		11:10 a*			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	s. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign			
	186-01-9896 1 □ M 2 元 F 76  9e. FACILITY NAME (If not institution, give street and number)	YRS.	DAYS DAYS	R LOCATION OF DI	February.	3,1919 P	ennsylvania			
8					CAIN	Baltim				
DIRECTOR	G.B.M.C. RESIDENCE OF DECEDENT		Towsor	1		ore				
RE	10e. STATE 10b. COUNTY		TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?				
	Maryland Baltimore	Tow	son			1 TYES 2 NO				
RAI	100. STREET AND NUMBER		101	ZIP CODE			WHAT COUNTRY?			
FUNERAL	1025 Kenilworth Dr.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	ADMED	12 344 050	21204	NIC ORIGIN? (Specify Yes	U.S.A	CE — American Indian,			
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₩NO	If yes, spe		in, Puerto Ricen, etc.)	Ble	ck, White, atc.			
84	3 🔀 Widowed 4 🗌 Divorced		1 1 123	a go no specii	y	Whi	te			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	. DECEDENT'S US	k done during mo-	IN st of working	16b. KIND OF BUS	BINESS/INDUSTRY				
Elementary/Secondary (0-12) College (1-4 or 5+)  12 yrs  College (1-4 or 5+)  Bank Teller/Mother  Banking										
M	12 yrs ET. FATHER'S NAME (First, Middle, Last)	oan ler	Ter/Pro		ME (First, Middle, Maiden					
	A. Ray Harman			Beatr		Pollo	ck			
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)				
2	Margaret A. Henry	1025	Kenilwo	orth Dr.	Towson, Mo	1. 21204				
		CEANDDATEOF		me of	DATE 20c. LO	CATION City or	Town, State			
	4 Donation 5 Other (Specify)	odlawn C	emeter			cimore,	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			TOUTEON 1	GLITY Funeral Hon	no Tng				
	nand				. Towson, N					
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart fellure. List only one cause on each						Approximate Interval Between			
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death)	ve He	au	rain	le					
	Renal	NSEQUENCE OF):								
ON	Sequentially list conditions,		w ce							
ZAT	If any, leeding to immediate cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events	NSEDUENCE OF):								
CERTIFICATION	resulting in death) LAST		-							
AL C	PART ii. Other significant conditions contributing to death but n	not resulting in	the underlying	g cause given in	Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS			
	Diabetes, Hypertension	, Lu	pus- T	Drag	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE			
	Hypotrymdism		In	duceo	大   "	71.0	OF DEATH?			
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	EATH YES	□ NO 🗵	UNCERTAL	N 🗆					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	PLACE OF DEATH								
YSI	t   YES 2 NO   1 Inpatient 2   ER/Outpatien	nt 3 🗆 DOA   4		e 5 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending  268. OATE OF INJURY (Month, Day, Year)	28b. TIME (	RY WO	RK?	28d. OEŞCRIBE HOW I	NJURY OCCUREO				
84	2 Accident Investigation	N home form etc		res 2 No	26I, LOCATION (Street I	and Number or Dura	J. Pouto Mumber			
9	3 Suicide 6 Could not be 4 Homicide datermined	a rome, win, ac	out, tactory, offic		City or Town, State)	and Number of Hora	r riodie redriodi,			
9	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	a death accurred	nt the time idete	and plane, and du	to the seconds) and man					
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of axemination an						e(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGNI	EO (Month, Day, Year)			
) BE										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint)	1 1	#\	-	40 224			
	Donna - DOW M. L		,00 05	kn Dni	re 209	1000	en MD 21204			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATU									
	FEB 0 71996 The development	4					DMMH. 15 Pay 1/89			



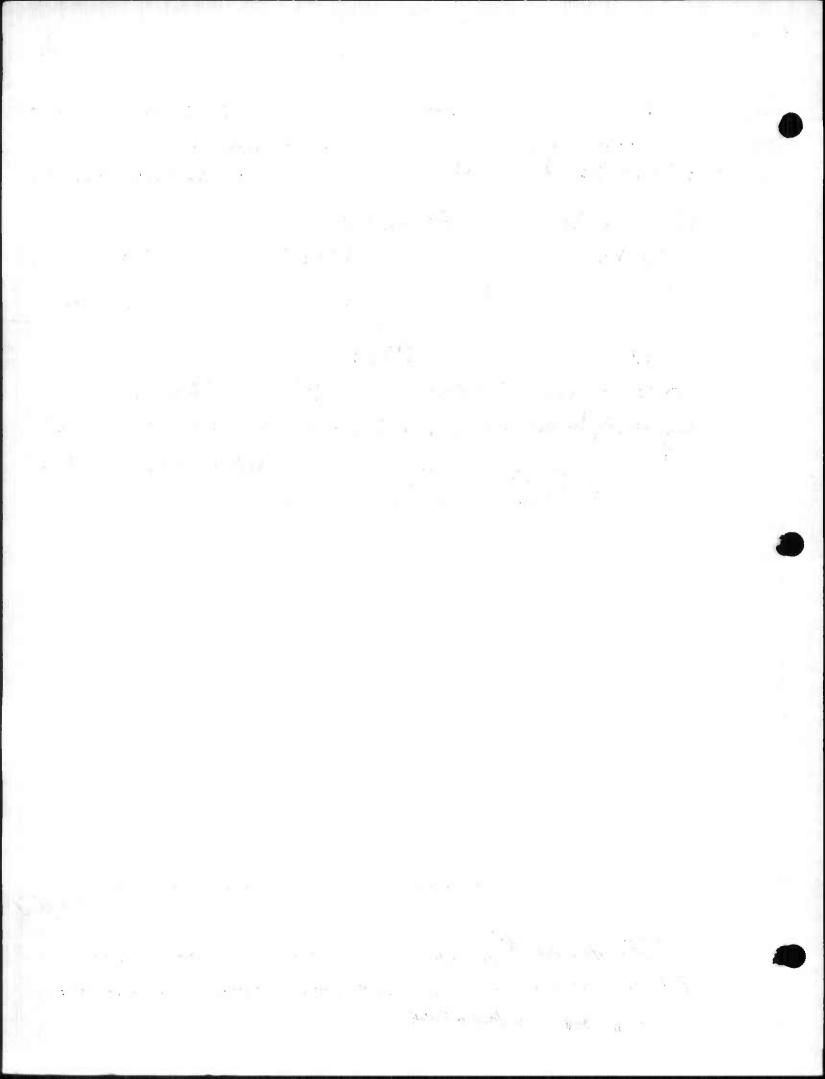
#### Item16b 2-7-96 FilmG732 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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10	U	4	7	U	4

			Otato of Maryland	Certificate of			leg. No.		/ 📖 🗸
Dhart		1. Decedent's Neme (First, Middle, Last	)			2. Dete of Dea	th	Vaar	3. Time of Deeth
Physic /Med		ALVIN	JACKS	SON		Month FEB.	Dey 05.199	Year 6	09:25 A
Exami		4e. Facility Neme (If not institution, give			4b. City, Town, or		4c. County	_	03.23 11
		8728 LIBERTY R	D.		Rando	Joseph	BALT	TMOR	E
Funeral	П	5. Sociel Security Number 6. Se	7. Age (In yrs. le	st birthdey) If Under 1 Yea		8. Dete of Birth			ece (Stete or Foreign
Director		228-60-4316 19	M 2DF HO	Yrs. Months Deys	Hours Min	Month, Day	(c-410)	Nocth	a Carolina
D.	1	Usuel Residence of Decedent						3511	1.00.000
the Marylar 28a-f show		10e. State 10b. County	10c. City	, Town or Location				10	Od. Inside City Limits
Me Me	cto	Md. Balti	more K	andallst	nwo				1 ☐ Yes 2 ☐ No
d 21215-0020 filed within 72 hours effer death with the Maryland Hyglene. ther than "natural", or flems 23s or 28s-f show int, the Medical Examine must be notified	Funeral Director	10e. Street and Number		10f. Zip Code		1	0g. Citizen of W	/het Count	ry?
₩ ₹ X	a	5 SULKY CT.		2	1133		05	A	
ter dea	ine.	11. Meritel Stetus	12. Wes Decedent Ever in U,S Armed Forces?	<ol> <li>13. Wes Decedent of If Yes, specify Cu</li> </ol>	Hispenic Origin? (5	Specify Yes or No-		- America	
20 or it		1 Never Merried 2 Married	1 ☐ Yes 2 No	1 □ Yes 2 10 No			Specify	0.	
21215-0020 d within 72 hours ef glene. Then "netural", or I've Medical Exercises	d by	3 Widowed 4 Divorced	Year or Detes:				Ореспу	1310	105
72 l	Completed	15. Decedent's Edu (Specify only highest grad	cation e completed)	16a. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retir	ipation a during most of wo	rking	16b. Kind of Bu	siness/Ind	ustry
2121 3 within plene.	du	Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use retir	ed)		Restau	rant	
d 212 filed with Hyglene. ort, I'v	ပိ	175		Chet					
faryland 2 should be filed and Mental Hygis is marked other aurmatic event, is	Be	17. Fether's Neme (First, Middle, Last)	+ 1/		18. Mother's Ne	me (First, Middle,	Meiden Sumem	0)	
farylan 2 should be end Mental is marked o	2	Wyart U	). Jacks	OV	May	15 5	OKE	5	
Maryland d 2 should be file th end Mental Hyp T is marked othe traumatic event.		19e. informant's Neme/Reletionship (Ty	pe, Print)	19b. Meiling Address (Street	et and Number or R	ural Route Number	r, City or Town,	Stete, Zip	Code)
		rec Woodh Rich	res-in-law	2800 Precu	5 Ln. K	andalls	laon, N	1d. c	X1133
Baltimore, semit. Pages 1 ar Department of Hee Department of Hee Department if item 2 into injury or other bice.		20e. Method of Disposition   1 ☑ Buriai 2 ☐ Cremetion 3 ☐ F		eca of Disposition (Neme of metery, cremetory or other pi	өсө)	Dete	20c. Location -	City or Tov	m, Stete
Baltim permit. Pag Department important: b any injury o		4 Donetion 5 □ Other (Specify)	- 16	ing Park		02/09	Kandal	Sta	on Md
Balt permit. Departr importa any Inja		21. Signature of Funerel Service Libert	00 (	22. Neme end Add	ess of Fecility	nes F	uneco	1 1	DAY
m gorag		V.K. BV	akure. h	Decrick		He iant	5 Ave		
		23a. Pari 1. Enter the disease, or compleshock, or heert feilure. List only or	pations that caused the deet						Approximete Interval Between
Physician		or rest, or rest, tollars. Else, striy or	0	4					Onset and Deeth
/Medical	ш	Immediate Cause (Finel disease or condition	ile and a	1 Neck	Injur	101		1	
Examiner		resulting in deeth)	Due to (or	es a consequence of):	mjur	161		-	
	Je l							-	
68760, ifficete be executed gphysician and as the burial-transit	Examiner	Sequentially list conditions	Due to (or	es e consequenca of):					
O,		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury		,				į	
68760, flicete be ex	edicai	thet initiated events resulting in deeth) Last	Due to (or	es e consequence of):					
	1 - 1	resulting in deeth) cast						i	
Box ( Bath certifi attending	an/							1	
. 5 . 5	Completed by Physician/N	Part il. Other significant conditions con	tributing to death but not resul	ting in the underlying cause g	iven in Pert i.	23b. Dld to	obacco use con	tributs to	the cause of death?
P.O	h'					1 U Y	ss 2 No	3 Prob	ably 40 Unknown
S # S	þ								
Cords, P	Pa					24e. Wes a	n eutopsy	24b. We	re autopsy findings ilable prior to
0 > 0 0	ple					porior	inou:	con	npletion of cause leath?
The Land	E 0					10/4	es 2 No	1/0	Yes 2 No
	Bec	25. Wes case referred to medical			26 Place of De	eth (Check only or			100 2010
	To B	exeminer?	lospitel: 1   Inpatient 2   E	R/Outpetlent 3□ DOA	ther:			v /Consilv	FH HOME
	Ë	27. Menner of Death	28e. Date of injury	28b. Time of 28c. inju		28d. Describe h			, THE HOPE
ding F th.: After	tho	1 Netural 5 Pending investigation	(Month, Dey, Year)		ork? Yes 2 No	Sulivet	charles	1. 100	hinh
Vision Attending r deeth. •ctor: After	edical Certification:	3 Sulcide 6 □ Could not be	28e. Pleca of injury - At hon	ne, ferm, street, fectory, office	1	28f. Location (S	treet and Numbi	or or Aural	Route Number,
Direction Direction	ert	4 ☐ Homicida determined		Way		City or Town	n, Steta) C	rtyan	of Pikeswood
spita nours nersi	aic	29e. Certifier 1☐ Certifying Phys	fclan: To the best of my know		ime, dete end piece	e, end due to the c	ausa(a) and mai	nner as sta	ated. Mrs. 1
Ho Fu Fu	S S	(Check only one) 2 Medical Examin	ner: On the basis of axaminetic end menner steted.	on end or invastigation, in my	opinion, daeth occi	irred at the time, d	ate and place, a	nd due fo	the causa(s)
Divisit To the Hospital or Atten within 24 hours after deel To the Funeral Director: completely filled in by the	M	29b. Signeture end, the of certifier		29c. Licer	ise number	2	9d. Dete signed	(Month, E	ley, Year)
2260		Theole 1	1.8		0.00				
		30. Name and address of person who co	moleted cause of death (tra-	23e) (Type Print)	OCME		FEB.06	199	16
	P	7)/	1.0						
Sta	ato	31. Dete filed (Month, Dey, Year)	20 September Claust	1 Penn Str	eet, Bal	timore,	Mary	Land	21201
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E HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos-	E THINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	A THE A PROPER THE GREATH WITH THE STATE DEPT. OF REALTH AND MERICAL PYSIENE PRIOR TO DUTING, CHEMINAND.	in the marked or item 22 shows any injury or other fraumatic event the marked examiner must be notified at once

	FOR STATE REGISTRAR		STATE OF N	IARYLAN	D / DEPAR					NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, BER NIC	Middle, Lest)	EATRI	CE	JOH	IN SO	N			DATE OF DEATH	7 1	98%	3. TIME OF DEATH  5.35 AM
	4. SOCIAL SECURITY NUMB 214-26-26		5. SEX	8. AGE (In yr	rs. lest birthday) YRS.	IF UNDER 1 Y		IF UNDER 24 I		DATE OF BIRTH (Month, Day, Year) 02-19-3		Countr	PLACE (State or Foreign ry) irginia
	90. FACILITY NAME (If not in	stitution, give st	reet and number)			96. CITY, TO	WN OF	LOCATION		, , , ,		NTY OF D	
DIRECTOR	ST. Agnes		ital			Ba	lti	more			N	I/A	
E I	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATIO	ON					10d. INSIDE CITY
	MD.	N/A				Ba:	lti	more					1X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		A A	. 10	20		10f.	ZIP CODE	_		10g. CIT		WHAT COUNTRY?
E I	400 Millin	ngton	AVE . A			Lanuma	0505	2122		PRIGIN? (Specify Yee		U.S	• E — American Indian.
B	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2	52NO	If ye	s, spec	offy Cuban, A		uerto Rican, etc.)	or No—		k, White, alc.
		EDENT'S EDUC highest grade		16	n. DECEDENT'S (Give kihd of	USUAL OCCU work done duri se retired.)	JPATION	N t of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	-)	Clerk					Finar	200		4 77
NO.	17. FATNER'S NAME (First, M	iddle, Last)			02021			18. MOTHER	R'S NAME (	First, Middle, Maiden			1.0
BEC	Boyd Pete									ne Dai			
TO 1	Tiajuana	,,	son							Number, City or Tow Balto			1228
	20e. METHOD OF DISPOSIT  Stried 2 Crematic  Donation 5 Other	n 3 🗆 Reme	oval from Stata	20b.PL Semeter Arb	ACE AND DATE	OF DISPOSITION	ON /Nan	ne of		OATE 20c. LO	CATION —	City or To	own, Stata
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					DAOORESS		172			Monroe St.
	Dorot	ha 2	Jecta	CFS	SP# 28	1 E.I	. Р	hill:	ips	F/H Bal			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between												
ı	IMMEDIATE CAUSE (Fir disease or condition	nai	Se	otic	sho	ali							Onset and Death
	resulting in death)		DUE TO	(OR AS A CO	Sho	)F):							75027
NO	Sequentially list condit	iona,	Adeno	CONC	Chom	2 :	1P	> cl	rem	s theras	my		75 days.
CATI	if any, leading to imme cause. Enter UNDERLY	ING	Acut	2 14	enal	" fa	il	ure			0		75days.
CERTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS		DUE TO		ONSEQUENCE O	F):		•					
CER			d										
MEDICAL	COPD	bila	e contributing to	death but	veho	in the under	riying	outho		24s. WAS AN PERFOR	RMED?	241	o. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF	DEATH Y	ES N		UNCER	RTAIN	X			t YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL		28.	PLACE OF DE		y one)						
YSI	1 TYES 2 NO		HOSPITAL:						denca 8 🗆	Other (Specify)			
ву Рн	27. MANNER OF DEATN  1. Natural 5  2 Accident	Pending Investigation	28a. DATE Of (Month, L		28b. Til	JURY	WOF	JRY AT PK? ES 2		d. DESCRIBE NOW I	NJURY O	CORED	
8	3 Suicide 6 4 Nomicide	Could not be detarmined	28a. PLACE ( building.	etc. (Specify)	At home, farm,	atreet, fectory	, office		28	LOCATION (Street City or Town, State)	and Numbe	er or Rural	Route Number,
COMPLET	Conson only									the cause(s) and ma s, data and place, ar			a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	e of certifie	volre		M, P			29c. LICENS	913	9	29d. OA	TE SIGNE	31 1996
-	30. NAME AND ADDRESS O	F PERSON WH			W AU		AL	1140	BE	HP .	CTAC	HE	+ HOSPITHE

The Minister Parkets

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be notified at

DIVISION OF VITAL RECORDS, F.O. BOX 66700.  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may to the Funeral DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TOME FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.	L OR A	TTENO TTOR: A	Wher this	rySicial is certificated in the	VN: The ficate it State	law has be	requires een sign	that one of the	the de	tendir k	rtifical ng phy piene p	UNISION OF VITAL RECORDS, P.O. BOX 68/7004 TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with AAL DIRECTOR: After this certificate has been signed by the attending physician and complet 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, creit.	cuted od com	within ipletely cremati	filled on, or	urs after in by the	DALLIMORE  inter death. Page 6 may  t the funeral director, pagnoval.	Page 6	TO, P
IMPOR	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b	Hem	28 Is	шалк	ed, 01	Item	23	shows	эпу	injury,	0	ther	Гаита	tic en	rent, 1	He H	edical	ехаші	ner m	net
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	COM	10	TED	A	>HG	SICI	NA	ME	A C	C		LIEIG	CATIO	2						

Johns Hopkins Bayulew  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  N/A  10c. CITY, TOWN OR LOCATION  BOLLIMORE  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. CITY, TOWN OR LOCATION  N/A  10c. CITY, TOWN OR LOCATION  10c. CITY TOWN OR LOCATION  10c. CITY TOWN	3. TIME OF DEATH  96 8. BIRTHPLACE (State or Foreign Country) MARYLAND COUNTY OF DEATH  N/A  10d. INSIDE CITY LIMITS? 12 YES 2 NO							
4. SOCIAL SECURITY NUMBER  5. SEX  1 M 2 K F  1 M 2 K M 2 K M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	PEAR 96 8 A M  B. BIRTHPLACE (State or Foreign Country) MARYLAND  COUNTY OF DEATH  N/A  10d. INSIDE CITY LIMITS?							
BE FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY TOWN OR LOCATION OF DEATH  9c. C  TONS HOPKINS BAY VIEW  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  N/A  10c. CITY, TOWN OR LOCATION  BOLLING  10c. CITY, TOWN OR LOCATION  10d. STREET AND NUMBER  10f. ZIP CODE  2 1 2 1 3  11. MARITAL STATUS  11. MARITAL STATUS  11. Never Married  2 XMerried  12. WAS DECEDENTEVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 17 YES 2 NO  17 YES 2 NO  18 YES, specify Quban, Maxican, Puerto Rican, etc.)	Country) MARYLAND COUNTY OF DEATH N/A  10d. INSIDE CITY LIMITS?							
Johns Hopkins Bayusew Battimore  RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  100. STREET AND NUMBER  101. ZIP CODE  2 1 2 3  11. MARITAL STATUS  11. MARITAL STATUS  11. Never Married  2 X Married  12. WAS DECEDENTEVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- 11 Never Married  2 X Married  12. WAS DECEDENTEVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- 11 Never Married  2 X Married  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- 13. Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- 14 Yes 2 X No  15 Yes, specify Cuban, Maxican, Puario Rican, etc.)	N/A  10d. INSIDE CITY LIMITS?							
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10g. STREET AND NUMBER  10g. OZ OZ OZ OZ OZ OZ OZ OZ OZ OZ OZ OZ OZ								
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Bleck, White, atc.							
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 TH  N/A  HOUSEWIFE  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.)  HOUSEWIFE  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surnam								
12TH N/A HOUSEWIFE HOUSEWIFE  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meldlen Surnam	OME							
JOHN HOLMES ERNESTINE GILL	,							
MALINE ADDRESS (Town of Maline)								
LEROY JORDAN-HUSBAND 1707 N. BROADWAY BALTO, MD.	21213							
20e. METHOD OF DISPOSITION  X Duriel 2 Cremation 3 Removal from the Commetery, crematory or other piece)  4 Donation 5 Other (Specify)  20b. PLACE AND OATE OF DISPOSITION (Name of Commetery, crematory or other piece)  GARRISON FOREST CEM FEB 9 1996	N — City or Town, State OWINGS MILLS, MI							
21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD. 21213								
23. PART I. Enter the diseases, or complications that cause of the death. Do not enter the mode of dying, such as cardiec or respiratory shock, or heart feliure. List only one cause on each line.								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury that initiated events resulting in death) LAST  IMMEDIATE CAUSE (Finel disease) In farction  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algnificant conditions contributing to death but not reculting in the underlying ceuse given in Part I.  24a. WAS AN AUTOP PERFORMED?  1 YES 2 PAGE  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PAGE OF DEATH (Check only one)  EXAMINER?  1 YES 2 PAGE OF DEATH (Check only one)  THOSPITAL: 1 PRODUCTION OF THE PAGE OF T	AVAILABLE PRIOR TO							
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN	I II VES ZA NO							
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
EXAMINER?  1 YES 2 NO  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:  1 OTHER:								
27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY 28b. TIME OF 12c. INJURY AT WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY 1 VES 2 NO	OCCURED							
3 Suicide 8 Could not be determined 4 Homicide 4 Homicide 128. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 28. PLACE OF INJURY — Al nome, farm, street, factory, office 38. PLACE OF INJURY — Al nome, farm, street, factory, office 38. PLACE OF INJURY — Al nome, farm, street, factory, office 38. PLACE OF INJURY — Al nome, farm, street, factory, office 39. PLACE OF INJURY — Al nome, farm	mber or Rural Route Number,							
29a. CERTIFIER (Check only offe)  29a. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as offer of								
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d.  29d.  29d.  29d.  29d.  29d.  29d.  29d.	DATE SIGNED (Month, Day, Year)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

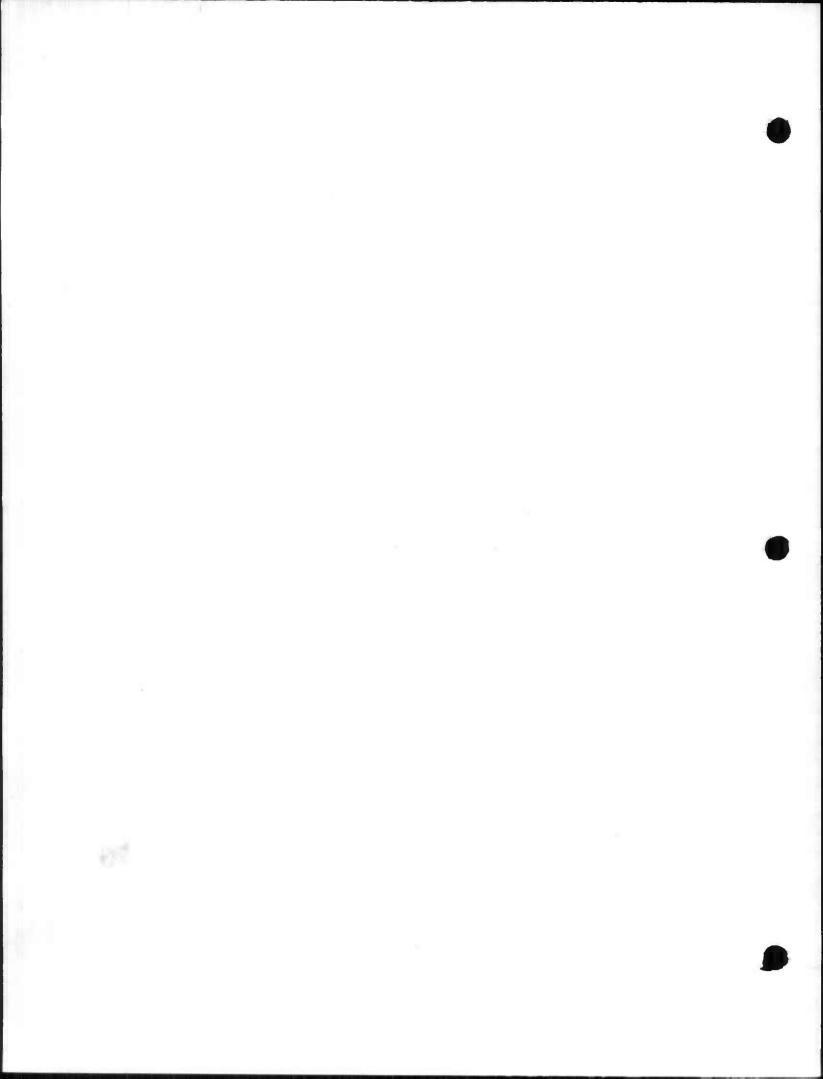
4940 Eastern

Balto MD 21224

HOWARD P. ZA
31. DATE FILED (Month, Day, Your)
FEB 0 71996 ZAHALSKY

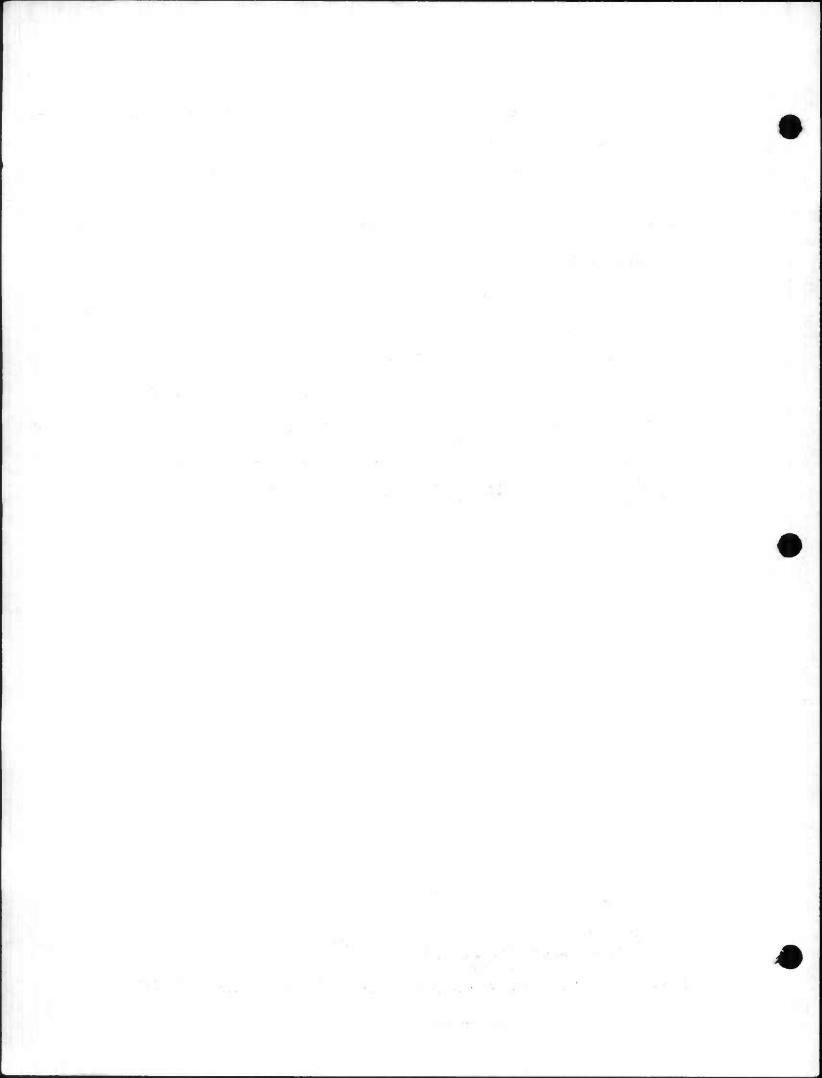
HEGISTHAR'S SIGNATURE

OHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

				,	Certificat	e of	Death		Reg. No.			
Dh	!	1. Decedent's Name (First, Middle,	Last)					2. Date of De	eath Dev	Year	3. Time of	Death
Physic /Med		LAMONT	KENNEDY					FEB.		96	10:25	P.M
Exami		4e. Facility Name (If not institution, g		)			4b. City, Town, or L			-		
		SETON MANOR NU	JRSING HOM	3		-	BALTIMOR	E	N/A			
Funeral Director		5. Social Security Number 6 219-66-6762 Usuai Residenca of Decedent	Sex 7. A	ge (In yrs. iast birt 41	thday) If Under Months			8. Date of Bir Month De JUNE 20,	ry. 1954		lace (State o try) YLAND	r Foreign
and **		10e. Stete 10b. County		10c. City, Town	or Location					1	0d. Inside Cit	by Limits
death with the Manyland ms 23a or 28a-f show creat be notified at	0	MARYLAND	N/A		BALTIMO	RE (	CITY				1 🖫 Yes	
the 128	5	10e. Street end Number			10f. Zip		OZZZ		10g. Citizen of	What Coun	In/2	
¥ iš			A TOM: A		100.24		0.00				,	
Seath Seath	era	2600 SOUTH PACA	12. Was Deceden	Ever in U.S.	13. Was Deced		230 Hispanic Origin? (Si	pecify Yes or No	USA.	e - Americ	an Indian.	
20 after	by Funeral Director	Ŷ Never Merried 2 Married 3 Widowed 4 Divorced	Armed Forces	?	If Yes, spec		Hispanic Origin? (Speen, Mexican, Puerto Specify:	Rican, etc.)	Specify Specify	ck, White,		
15-00: 72 hours "natural",		15. Decedent's	Education	16a.	Decedent's Usua	al Occu	pation		16b. Kind of B		120	
215 nin 7: n n n	Completed	(Specify only highest s Elementary/Secondary (0-12)	rade completed)  College (1-4or	5.1	(Give kind of wo	rk done se retire	ipation during most of worl ed)	king				
2121 Jiene. Triben "	E O	6th GRADE	College (1-40r	- /	JNKNOWN				SELF-	EMPLO	OYED	
D Harring	BeC	17. Father's Name (First, Middle, La	st)				18. Mother's Nam	ne (First, Middle				
Maryland d 2 should be file the and Mental Hy 77 is marked othe traumatic svant	To E	EDWARD	KENNEDY				ELIZABE	TH	CUNNIN	IGHAM		
Short Short		19a. Informent's Neme/Reletionship	(Type, Print)	19b.	Mailing Address	(Stree	and Number or Ru	ral Route Numb	er, City or Town,	State, Zip	Code)	
M alth a 27 is		CHERYLENE CU	JRE	260	O SOUTH	PAG	CA STREET	, APT.A	BALTIM	ORE.	MD. 2	1230
Baltimore, Maryland 2121 pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if Item 27 is marked other than any injury or other traumatic avant, the Haang mides.		20a. Method of Disposition		20b. Piace of	Disposition (Nan y, crematory or o	ne of		Dete	20c. Location			
Page ent c		1 ☐ Buriai 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec			REMATOR			7-96	BALTIN	IORE,	MARYL	AND
alti mit.		21. Signature of Funeral Service Lic			22. Name an	d Addr	ess of Facility					
Ball Department on the state of		D( [n)	DIA	1	JOSEPH	Н.	BROWN JR	. FUNER	AL HOME,	P.A.		
		23a. Part1. Enter the disease, or co	mplications that cause	d the death. Do n	1913 W	But and and	ALTIMORE	ST., BA	LTIMORE,	MD.	21223 Approximate	9
Physician /Medical Examiner		shock, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)	. REN		AIL	UI	RE			1	Interval Bety Onset and D	Deeth
	à	The state of the s		Due to (or es a c					,	/		
ted nsit	Examiner		b. ITVMAN			IEV	JU VIR	us inf	ECTIO	1		
y yascu al-tra	Хаг	Sequentially list conditions, if any, leading to immediate cause. Enfer Underlying Cause (Disease or Injury		Due to (or as a c	onsequence of):		/			į		
68760, lificate be executed g physician and as the bunal-transit	al	Cause, Enfer Underlying Cause (Disease or Injury	C							i		
687 tificate ng phys as the	Aedical	that initiated events resulting in death) Last		Due to (or as a c	onsequence of):					1		
	M		d							1		
ds, P.O. Box ires that the death cer signed by the attendin d be detached for use	Physician/N				-1							
P.O.	ysi	Part II. Other significant conditions	contributing to death	ouf not resulting In	the underlying c	ause gi	iven in Part I.		tobacco uee co			
deta deta								10	Yee 2DNo	3 ∐ Prol	oably 4 🗍	Unknown
requiper requiper	Completed by							24a. Was	an autopsy omed?	av	ere autopsy fi alieble prior to mpletion of co death?	0
The law	E C								Yes 2 Dino			6.
Vital I		25. Was case referred to medical						10		11	Yes 2D	No
	o Be	examiner?	Hospital:	a 🗆 ===================================		Ot	26. Place of Dea					
Phy Phy al d	To	27. Manner of Deeth	28a. Date of Inj			JA	4 LLY Nursing H		dence 6 Oth		y)	
On O ding Ph h. After th funeral	tor	1 Natural 5 Pending 2 Accident investigati	(Month, D		njury M	8c. Inju Wo	ork? ]Yes 2 □No					
DIVISION  Antending Faher geath.  Director: After In by the funer	Certification:	3 ☐ Sulcide 6 ☐ Could not	be on Bi	ijury - At home, fai				28f. Location (	Street and Numl	ber or Rura	l Route Num	ber.
S S S S S S S S S S S S S S S S S S S	er	4 Homicide	building, e	(c. (Specify)				City or To	wn, State)			
DIVISION To the Hospital or Attention Within 24 Hours after geatly to the Funeral Director: completely filled in by the	edical C	29a. Certifier 1 Certifying F (Check only one) 2 Medicaf Exp	Physician: To the best amfner: On the basis of and manner s	of examination and	deeth occurred for Investigation,	et the ti	ime, date end piace, opinion, death occur	and due to the red at the time,	cause(s) end madete and piece,	anner as st	ated. the cause(s	)
To the within 2 To the comple	Me	29b. Signeture and fitte of contifier			290	. Licen	se number		29d. Date signe	d (Month,	Day, Year)	
		b Church 1.	2/2	-1110		D'	29171		2 -	7 - 9	6	
		30. Name and eddress of parson wh	o completed arms = f	double (item const	Type Print'		1011		L-	/	0	
1		R. KRIC HALAN	M Cot Al.	UBALTI (118M 238) (		271	- BALTI	MARE	MADE	771		
St	ato	31. Date filed (Month, Day, Year)	32. Regist	rar's Signeture	3 4	> 0 (	S BANI	MORE	1.41 11	-0/		
31	are.	FED 0 74000	11. 14 6	0								



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DHMH 16 Rev 6/95

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

02908

					Certifica	te of Death	Re	g. No.		
	Dhusia	lan	1. Decedent's Neme (First, Middla, La	ist)			2. Deta of Death Month			a of Death
	Physic /Medi		SYLVESTER			KING	FEBRUAI	RY 3, 199	6 7:4	5P.M
	Exami Funeral Director			STREET	s. last birthdey) Yrs.	RALTIMO	s. 8. Deta of Birth	4c. County of De	irthpiaca (Stat Country)	ta or Foraign
	death with the Maryland ms 23a or 28a-f show	ector	10a. State 10b. County	100.0	City, Town or Location  PALTMOR	<u>E</u>			1001	as 2 □ No
	ath with	Funeral Director	10e. Street end Number 915 N, STR	CKER ST.		21217		g. Citizan of What C		
0050	ges 1 and 2 should be filed within 72 hours efter death with the Marylan it of Health and Mentel Hygiane. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Modesi Examiner must be notified at	by	11. Marital Status  1 □ Navar Married 2 □ Merried  3 □ Widowad 4 120 ovorcad	12. Was Dacedent Ever in Armed Forcas?  1		edent of Hispanic Origin? ecify Cuben, Maxican, Put 202No Specify:	(Specify Yas or No- erto Rican, etc.)	14. Race - An Black, Wh	nerican Indien. nite, etc.	,
2	72 h	eted	15. Decedent's E (Specify only highast gra	ducation ade completed)	16a. Decedant's Us (Giva kind of w	ual Occupation ork done during most of w	orking 1	6b. Kind of Businas	s/Industry	
21215-0020	filed within Hygiene.	Completed	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	VEATILA	1100 TAGES	19157	Hospin	71/	
and	d oth	Be	17. Fathar's Nama (First, Middle, Last	)		18. Mothar's N	ama (First, Middla, M	aidan Sumame)		
Maryland	should be nd Mentel marked o	10	19a. Intormant's Name/Rejetionship (	Time Cales	405 44-11 444	H/181	IN YAVE	E)		
	1 end 2 sho Health end em 27 la ma		KATIE DAVEN	MORT	8710 /	SS (Street and Number or )	7. JESUD	MD, 20	7794	,
Baltimore,	permit. Peges 1 end Department of Health Important: If Item 27 any Injury or other to ance.		20d. Mathod of Disposition  1 ☐ Burlel 2 ☐ Demention 3 ☐  4 ☐ Donation 5 ☐ Other (Specif	Ramoval from State	Place of Disposition (N cemetary, cramatory or	ama of gither place)	Date 2	Oc. Location - City of	or Town, Stata	P.
Balti	permit. Peg Department Important: i any injury o		21. Signature of Emeral Sarvica Lice	0 1	22. Jame 1	and bythos properties	N FUNSPA	Home	P.A.	2001
	_		23a, Part Leptor the disease, or com	plications that caused the da	eth. Do not antar tha mo	Papel III	ec or raspiratory arre	7417, ///	Approxin	nate
	Physician /Medical Examiner	Examiner	Immediate ausa (Final disease or condition rasulting In deeth)  Sequentially list conditions, if any, leading to immediate	Dua to	(or as e consequence of		cular ,	Cl 13 eo1e	 	
x 68760,	o certificate be executed inding physician and use as the burial-transit	Medical	Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disaasa or Injury that initiated avants rasulting in daeth) Lest	C. Dua to	(or as a consequence of	):				
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P.O.	0 0 2	Physician/	Part II. Other significant conditions of	ontributing to death but not re	asulting in tha undarlying	causa givan in Part I.		s 2 No 3		se of death'
Records,	aw requires t is been signe 2 should be	Completed by					24a. Was en parform		ware autops available pric completion of of death?	or to
ř	The ate h	Com					1 □ Ya	2)\=\No	1 Yas 2	?□ No
Vital	ysician: The s certificate director, pag	Be	25. Was casa retarred to medical axaminar?	A1			eath (Check only ons	)		
0	this ib le	2	1 ☑ Yas 2 ☐ No 27. Mannar of Death	Victoria de la constante de la	□ ER/Outpatient 3□ E		Homa 5 Rasidar		ecify)	
	ttending deeth. :tor: After / the fune	Certification:	1) ☐ Natural 5 ☐ Panding 2 ☐ Accidant investigation 3 ☐ Sulcida 6 ☐ Could not b	e one Disease laine. At	28b. Tima ot Injury M homa, farm, streat, factor	28c. Injury at Work? 1 Yea 2 No	28d. Describe how	aat and Number or i	Rural Routa N	lumher
5	ournefter Blrec filled in by		4 Homicida datamined	building, atc. (Spec	cify)		City or Town,	State)		
(	Million 2015 To the Euro completely (	edical		yalcian: To the best of my kr niner: On the basis of examir and manner stated.						e(s)
,	T Some	M	29b. Signatura and title of cortifier	Phil	25	Oc. License number		d. Data signed (Mo		
			30. Nama and addrass of person who	_ /		O.C.M.E.		BRUARY 4		
	Sta	ate_	31. Data tiled (Month, Day, Year)	32. Registrar's Sign		n Street,	Baltimor	e, Mary	land 2	21201
	Pogistr	ar	CCD 0 71000	(1. M. N. P.	# 14					



State of Maryland / Department of Health and Mental Hygiene 96

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					ar y rai ra	Cer	tificate of	Death		leg. No.	0 (	16. 0	0 2
	Observator		1. Decedent's Nema (First, Middle,	Last)					2. Dete of Dee	th	Vaar	3. Tima of	Death
	Physici /Medi		Thomas Kotrla						Februar	y 2, 199	6	5:30	PM
)	Examir		4a. Facility Neme (If not institution,	giva street and number)				4b. City, Town, or L		4c. County o			
			Johns Hopkins Bo	yview Medi	cal Ce	nter		Baltimore	2	٨	I/A		
	Funeral Director		210-10-4303	. Sex 7. Ag	a (In yrs. las 72	t birthday) Yrs.	If Under 1 Yaar Months Days		8. Date of Birth (Month, Day Nov. 22	Year) 1923 N	9. Birthple Country Caryli	ce (State o	or Foreign
	and **		Usuel Residence of Decedent  10a. Stete 10b. County		10c. City. 7	Fown or Loc	ation				100	d. Inside C	lty Limite
	Aaryl f sho	5	Maryland N/A			imore					100		2 No
	the the	Director	10e, Street and Number		buci	MIONE	10f. Zip Code			0g. Citizen of Wi	net Countr	2	
	with Ma or	ā	118 South Clinto	un Ctroot			21224			U.S.A.	iai oodiiii	,,	
50	n 72 hours effer death with the Maryland "natural", or frems 23a or 28a-f show addal Examiner must be noticed at	/ Funeral	11. Marital Status  1 Nevar Merried 2 Merrie	12. Wes Decedent Armed Forces? 1 X Yas 2 I	No			Hispanic Origin? (Spean, Maxican, Puarto		14. Race Black	- Amarican White, at	c.	
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5-	be filed within 72 ho ttal Hygiene. Id other than "natur event, the Medical	Completed	15. Decedent's (Specify only highest	Education grade completed)	,	16a. Decede (Give I	ent's Usuel Occu	pation during most of work d)	ring	16b. Kind of Bus	iness/Indu	stry	
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and	Mag A	Be		St)					C. Sheren	24/1 (41 13104)	)		
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Maryland	12 sho h and l ie m		19e. Informent's Neme/Reletionship					t end Number or Rui				iode)	
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Jo	Peges nent of I int: If its iry or o		1 Burial 2 □ Cremetion 3	□Removel from Stete			ition (Name of atory or other pla			20c. Location - C			
井井	tmer tant:		4 □ Donetion 5 □ Other (Spe		Bohe			2 Cem. 2/6	196	Baltimor	e, Mo	vryla	.nd
Baltlmore,	permit. Peges 1 and 2 should Department of Health and Mer Important: If Itam 27 is marks any Injury or other traumatic 900s.		21. Signature of Funeral Service Li	Tuis		Sc 33	Name end Addr Lhimunek 31 Brehr	Funeral I	Home Baltimor	e. Maryl	and :	21213	
			235 Pent. Enter the disease, or shock, or heart feilura.	plications thet caused to one ceuse on sech li	tha death.	Do not ente	r the mode of dy	Ing, such es cardiec	or respiretory em	est,	. /	Approximet	te
	Physician /Medicai		Immediate Cause (Finel									Onset and	Deeth
Р	Examiner		disease or condition resulting in deeth)	. Acute . Vent	Due to (or a	S e consequ	lence of):	//)/	arcin				
	P #	ner		Want	K I A . J	1/11	4	hr. 110	tion				
	outec nd nansi	ami	Sequentielly list conditions.	B b. V.	Due to (or ea	s a consequ	ience of):	villo	1/0/	<u> </u>			
oʻ	an an	EX	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events				,						
68760,	ificate be executed g physician and as the burlat-transit	edicai Examiner	thet initieted events resulting in deeth) Last	C	Due to (or es	s e consequ	ence of):						
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Box	es that the death cer igned by the attendir be detached for use	Physician/N		d									
0	the all	sic	Pert II. Other algnificant conditions	contributing to death b	ut not resultir	ng In the un	derlying cause gi	ven in Pert I.	23b. Dld to	bacco use cont	ribute to t	he cause	of death?
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	igner bed	by	Hypor 101)	>///			,						
Records,	v requires that the been signed by th should be detache	Completed	Cere brova	Killar		1	den-	1	24a. Was a perfor	n autopsy med?	avail	a autopsy i	to
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ta	vician: The certificate rector, pag	Bec	25. Wes case referred to medical	VIIC	2/6/11	7 14	SLVIA	28. Place of Deel	h (Check only or	ne)			
of Vital	Physician: r this certific eral director,	To	axaminer? 1 ☐ Yes 2 ☐ 10	Hospitel: 1 Inpatia	nt 200ER	/Outpatient	3□ DOA Ot	her: 4 Nursing Ho	ome 5 Reside	ence 8 Othar	(Specify)		
	Attending Ph or death. ector: Atter thi by the funeral		27. Menner of Deeth	28a. Dete of Inju (Month, Da)	y Year) 28	Bb. Time of Injury	28c. Inju			ow Injury occurre			
Division	Attending or death.	atlo	1 Accident 5 Pending investige	ion	, , , ,	inqui y		Yes 2□No					
<u>\$</u>	er de recto	tific	3 ☐ Suicide 8 ☐ Could no determine		ury - At home	e, ferm, stre	et, factory, office		28f. Location (S. City or Town	treet and Number	r or Rural I	Route Num	nber,
ā	n after Direction by	Certification:		Schooling, dit	(=>00119)				2.1, 3. 1011	,,			
1	Funer	edical	29e. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the best of aminer: On the basis of	examinetion	dge, deeth end/or inve	occurred at the ti	ime, dete end plece, oplnion, deeth occur	and due to the c	ause(s) and men ete and plece, er	ner es stel	ed. he cause(r	s)
1	the state	Me	29b. Signatura and titla of certifier	end manner ste	ned.		29c. Lican	sa number	9	9d. Data signed	(Month D	av Yearl	
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			30 Hame and eddress of person wh	o completed cause of d	aath (Item 2	a) (Type, P	Print)	28230 Frederi	1 n	10	1)	40.4	
	19 11276		31. Dete filed (Month, Day, Year)	1arti_m	10, 5	5411	OW	TRUCK!	OKK	K PUI	0,1	IID a	4229
	Sta Registr	200	FFR 0 7100c	32. Hegistre	er's Signature	9							
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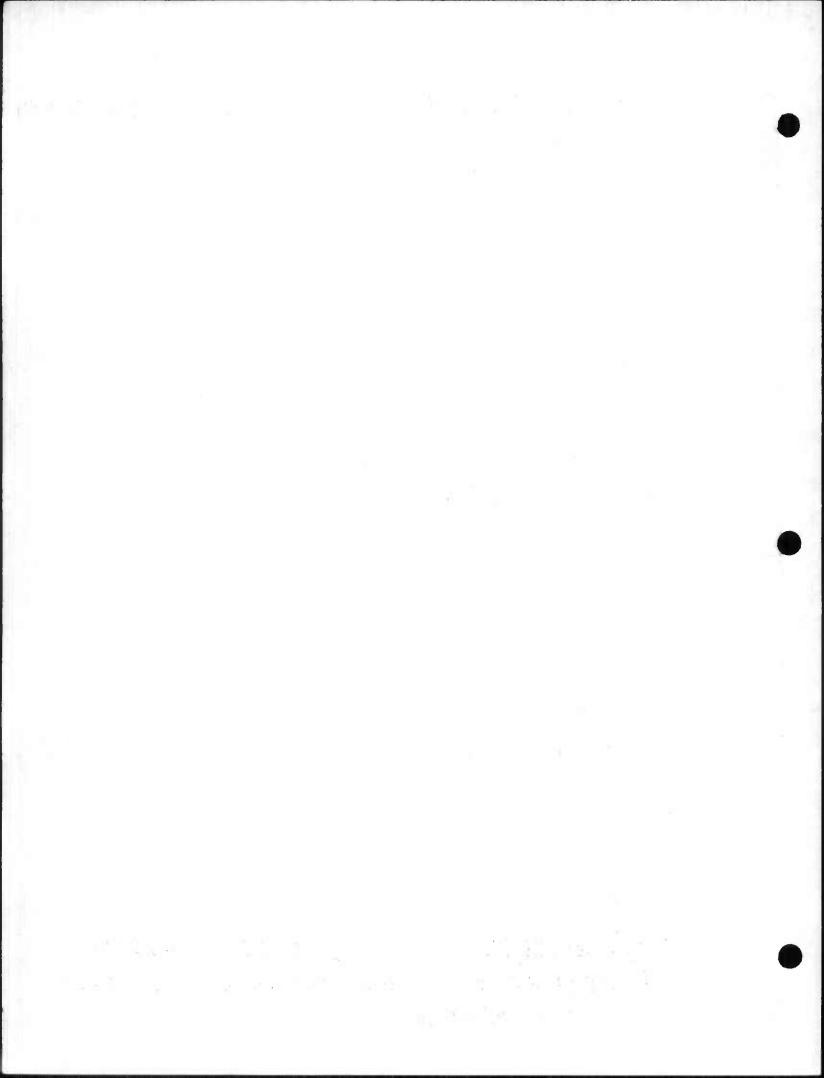
DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** /Medical Baltimore
H Under 1 Year | If Under 24 Hrs.

Hous | Min. 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Mid Heights Koad 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Data of Birth (Month, Day, Year) 9. Birthplace (Stata or Foraign Country) **Funeral** 1 M 25 F 19-28-1089 Yrs. Director June 7, 1933 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-fahow traumetic event, the Medical Examiner must be notified at 1 Yes 2 No Directo Ma NA 2a/timore 10e. Street and Number 10f. Zip Code permit. Pages 1 and 2 should be filed within 72 hours efter death with t. Department of Heelih and Mental Hygiene.
Important: If item 27 is marked other than "natural", or items 23a or 23 any injury or other traumatic event, the Mental and 1000. 10g. Citizen of What Country? 3800 21215 Koad · S.A Funeral 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yes 2 U No If Yes, Giva Yaer or Dates: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 1 Nevar Married 2 Married 1□ Yes 2N No by Specify: Black 3 ☑ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondery (0-12) College (1-4or 5+) Secretary of Manylane 12th grade Lyrs 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumama) Be Scot Mack 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Numbar or Rural Routa Number, City or Town, Steta, Zip Code) 3800 Balto, Md Z12 20c. Location - City or Town, State Road MSa Lones 21215 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Method of Disposition Date 2/6/96 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State Forest Vet 4 ☐ Donetion 5 ☐ Other (Specify) Jarrison 21. Signature of Funerei Service Licensee 22, Name and Address of Facility 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onsat and Death **Physician** /Medical immediate Ceuse (Finel disease or condition resulting in deeth) Examiner CARDIOVASCULAR DIS, To the Hospital or Attending Physician: The law requires that the death certificate be associted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 2 should be deteched for use as the burish-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? 2 No 3 Probably 4 Unknown 1 Yee þ 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed RONIC RENAL FAILURE 24a. Wes an eutopsy performed? 1 Yas 2 No 25. Wes casa referred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred Medical Certification: 27. Manner of Death 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. injury at Work? 1 Netural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 28f. Location (Streat end Number or Rural Route Number, City or Town, Stefa) 3 Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and menner stated. 29e. Certifier 29b. Signatura end title of certifier 29c. License number 29d. Date signed (Month/Day, Year) Cewan 30. Name and addrass of person who completed cause of death (Item 23e) (Type, Print) 2300 GARRISON 31. Data filed (Month, Day, Year) FEB 0 71996 32. Registrar's Signature State Registrar



# Item31 See Item 32 2-7-96 FilmG732 W.H.Per F/R Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 029 1

Physici		1. Decedant's Nama (First, Middle,	Last)	Certifica			2. Data of Dec				
/Medic		ARGIRO	P.		KC	LIAIS	5	FEBRUAL		100	7:56PM
Examin		4a. Fecility Nama (If not institution, g	giva street and number)					Location of Deeth	4c. County		7.5011
		GREATER BALTIM	ORE MEDICAL	CENTER	)		TOWSON		DATO	TWODE	
Funeral				(In yrs. last bir	14.11	ler 1 Yeer	If Under 24 Hrs		h	9. Birthol	ece (Stata or For
Director		212-48-9635 Usual Residence of Decedant	1□M 2□F 79	)	Yrs. Month	s Deys	Hours Min	May 15	, Year) ,1916	Gree	iry)
ž *		10e. Steta 10b. County		10c. City, Tow	n or Location					10	Od. Inside City Lin
1 4 9	5	Maryland Balt	imore	Cock	eysvil	le					1 □ Yes 202
288	Director	2	1111010	0001							
and what thy income are constructed with the weighted and what thy income and what thy income and what the west than "naturel", or frame 23a or 28a-f show reumatic event, the Medical Examiner must be notified at		10e. Street and Number  5 Thurkill Co	urt			Zip Coda 21030			10g. Citizan of 1	78	EECE
8 E	Funeral	11. Maritei Stetus	12. Was Decedant Ev Armed Forces?	/ar in U,S.	13. Was Dec	edant of H	ispanic Origin? (5	Specify Yas or No- to Rican, atc.)	14. Rec	ce - Amarica	
of, or fit	by Fu	1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced		•		2⊠ No	Specify:	to ricall, atc.,	Specif		ite
a lite	8	15. Decedant's	Education	16a.	Decedent's Us	sual Occup	ation		16b. Kind ot B		
	Completed	(Spacify only highest (	grada complated)		(Giva kind of v	vork dona	during most of wo	rking	100, 141,0 01 0	0011100001110	dotry
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f Health and Mer tem 27 le marke other traumatic	1	19a. Interment's Name/Relationship	(Type, Print)					ural Routa Numbe			
n 27		Charles Koliais	Son		Thurk:	ill C	ourt C	ockeysvi	IIe, Mo	1. 210	30
£ 5 6		20a. Mathod of Disposition		20b. Placa of	f Disposition (A	lama of	(e)	Data	20c. Location	City or Tov	wn, Steta
Y or H		1 Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec					metery 2	15/96	Woodla	wn. M	laryland
트라.	1	21. Signature of Funeral Seption Lic		Greek			ss of Facility	/3/30			
Department of Health ar Important: If item 27 le any injury or other trau		) Land x	l'arest				.,	1 Home,			k Road Id.21204
		23a. Part1. Enter the disease, or co shock, or heart failure. List on	molications that beused th	ha daath. Do i	not antar tha m	ode of dyln	g, such as cardie	c or respiratory ar	rast,		Approximate Interval Batween
hysician /Medical ixaminer	ler	immediate Causa (Final disease or condition rasulting in death)  Dua to (or as a consequence ot):  Sequentially list conditions.  Dua to (or as a consequence ot):						Lulau	2		
and al-transit	Examir	Sequantially list conditions, it any, laading to immadiata	b	ua to (or as a	consequence o	t):				1	
hysician and the burial-transit	lical Examiner	Sequantially list conditions, it any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated avents resulting in death) Last	c		consaquence o				1		
nding physician and use as the burial-transit	Medical	Sequantially list conditions, it any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last	c		•						
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		DECEDENT'S NAME (First, Middle, Last)      A LTE      A SOCIAL SECURITY NUMBER	- Trial C	Henry Lau			2. DATE OF DEATH MONTH	DAY 2	year 735 A m
should		2 / 8 - 07 - 7383  8e. FACILITY NAME (If not institution, give str	1 M 2 - F	78 YRS. MON	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	0172017	1917	BIRTHPLACE (State or Foreign Country) Maryland
1, 2, 3	CTOR	THE Johns Ho	pkins Geriat				EAIH	9c. COUNTY	Y OF DEATH
permit. Pages	L DIRECTOR	10e, STATE 10b, COUNTY	32/16		etimori	e			10d. INSIDE CITY LIMITS? 1 YES 2 NO
usit	FUNERAL	10e. STREET AND NUMBER 7024	Eastern Ave			21224		и	I.S.A.
9 2 2	84	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WW TT	2 NO	If yes, sp	CENDENT OF NISPA pecify Cuban, Mexico 3 2 NO Specif	NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:	Yes or No.— 14	RACE — American Indian, Black, White, atc. Specify: White
	COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during mo tired.)	ost of working		BUSINESS/INDUS	
by the hospital be detached to at once.		12th grade  17. FATHER'S NAME (First, Middle, Last)  Cook a cook	Laufort	<u> Mechanic</u>	Sette	16. MOTHER'S NA	AME (First, Middle, Meid	tric Co	mpany
MAR retained 5 should outfled	TO BE	George Ftankowicz				and Number or Rural	th Beczyn	Town, State, Zip Co	
		CLATA T. LAUGETT  20a METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remon	20b.	D. PLACE AND DATE OF DIS Detery, cremetory or other particularly Cemical Cemic	SPOSITION (Na	ame of	DATE 20c.	LOCATION - CIT	
		21. SIGNATURE OF FUNERAL SERVICE LICE		iklawn Ceme	22. NAME AN	ND ADDRESS OF FA			e, Maryland
23. PART I. Epter the diseases, or complications that caused the death. Do not enter the mode of dying, such as car								imore,	Maryland 21213
nin 24 tely fille mation, t, the		IMMEDIATE CAUSE (Fine)	DUE TO (OR AS A	ech line.				printer; account	Interval Between Onset and Death
68 and cand buria	NO	Sequentially list conditions, b.	CVA	CONSEQUENCE OF):					2 MONTHS
O. BOX ertificate be a ing physician a glene prior to other traum	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSCIUENCE OF):	ATH	<b>Y</b>			5 years
0. 4 E E P	CERTI	resulting in death) LAST	MYOCAX	RDIAL 11	NFA	RCTIO			10 years
ECORDS, luites that the deat signed by the attu Health and Mental was any injury,	DICAL	PART II. Other algnificant conditions	contributing to death be	ut not resulting in th	e underlying	g ceuse given in	Part i. 24a. WAS / PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
St. of red	IAN: MEDIC	DID TOBACCO USE CONTRI	IBUTE TO CAUSE O	F DEATH YES [	J NO [	UNCERTAIL	N D		1 TYES 2 NO
一年 皇皇 書	Sic		HOSPITAL: 1   Input ent   2   ER/Output	26. PLACE OF DEATN (CI	₩ÉR:	- € □ Beeldense	8 Other (Specify)		
O H is is a	표	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT	26d. DESCRIBE HOY	V INJURY OCCUP	RED
TTENDING TTENDING TOR: After after deatt	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, street,		YES 2 NO	28f. LOCATION (Street City or Town, Sta	et and Number or te)	Rural Route Number,
DIRIC OR I	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	IAN: To the best of my knowle	edge, death occurred at	the time, deta my opinion, d	and place, and due	to the cause(a) and n	anner as stated.	ause(s) and manner as stated.
D THE POST	BE	296. SIGNATURE AND TITLE OF CERTIFIED	Anhuan 1	MD		29c. LICENSE NUN			IGNED (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print) 1 5505	1-bpi	LINS BA	YVIEW CIT	cue B	PALTIMORE, MD
	Ì	31. DATE FILED (Month, Day, 16ar) FEB 0 7 1996	P. REGISTRAR'S SIGNA	Randall		,			

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	1. DECEDENT'S NAME (First, Middle,	Lasti	<b>~</b> ;				MON'	E OF DEATN	W Z	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/9-28-122	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTN	8.		CE (State or Foreign
TOR	98. FACILITY NAME (If not institution Church Nuk	SING CEI	NTER			or location of D	C/7	t <sub>y</sub>	8c. COUNTY	OF DEAT	
DIRECTOR		N/A		10c. CIT	ry, town or loca Baltimo:						d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	216 S. Duncar	st.			10	r. zip code 21231			USA	OF WHA	T COUNTRY?
В	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. 1 YES 2 ( WAR OR DATES		If yes, sp	CENDENT OF HISPA Decify Cuben, Mexico S 2 X NO Special	an, Puarto	IN? (Specify Yea Rican, atc.)	or No— 14.	Black, W	American Indian, hits, etc. White
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COMPLET	6 17. FATNER'S NAME (First, Middle, Li	0		Delive	ery	18. MOTNER'S NA		H&S Bal	-		
ECC	Lorenzo LoPres							Butta	Sumame)		
œ	19a. INFORMANT'S NAME (Type/Prin			19b. MAILING	AODRESS (Street	and Number or Rural			n, State, Zip Co	de)	
5	Pauline Lena I	oPresti W	ife .	216 S.	. Duncan	St. Bal	timo:	re, Mai	ryland	2123	31
	20s. METNOD OF DISPOSITION 1 □ Burist 2 X Cremation 3		cemetery,	crematory or o	OF OISPOSITION (Nother place)		DA		CATION - City		
	4 Donation 5 Other (Specifical Signature) Of Poneral Serv		Gre	enMour	nt Cemet	OTY  ND ADDRESS OF FA	2/0		timore		
	Pothlee	Daw	eler	Δ.	104 -	-1					neral:
	23. PART I. Enter the disease	e, or complicatione t	het caused the	deeth. Do		. Cheste					Approximate
	23. PART I. Effer the disease ahock, or heart fa iMMEDIATE CAUSE (Final disease or condition resulting in death)	affure. List only one o	ause on aach i	lna.	not enter the mo		ch ee car	rdiec or reepi	ratory erree		Approximate Interval Bety
CERTIFICATION	ahock, or heart fa iMMEDIATE CAUSE (Final disease or condition	a. MO + DUE	ause on aach i	SEOUENCE O	OFF:	ode of dying, suc	ch ee car	rdiec or reepi	ratory erree		Approximate
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	HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATN 3. TIME OF DEATN MIDRETTE JAMES 8:50 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign 1 KM 2 F 64 217-24-3923 SEPT. 1931 MARYLAND 6, permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN N/A DIRECTOR BON SECOURS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY MARYLAND N/A 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? USA. 2503 VIOLET AVENUE, APT. #1206 21215 as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 K Never Married 2 Married 1 TES 2 NO Specify Specify: BY 3 Widowed 4 Divorced UNKNOWN BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use refired.) 15. DECEDENT'S EDUCATION (Specify only hig 100 Elementary/Secondary (0-12) College (1-4 or 5+) CAREER MAN page 5 should be detached 12th GRADE ARMY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 76 SR. SADIE PETERSON WILLIAM MIDGETTE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2503 VIOLET AVENUE, BALTIMORE, MD. 21215 SADIE MIDGETTE Pe 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Buriel 2 Cremetion 3 Removal from State n and completely filled in by the funeral director, to bunal, cremation, or removal. GARRISON FOREST CEMETERY 2-9-96 OWINGS MILLS, MD. Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORÉ, MD.21223 the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between ahock, or heart fellure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): 2 weeks resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, If any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING other t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other algrifficant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? any La 1 TES 2 NO Dementia 23 shows 1 YES 2 NO certificate has been in the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL item **EXAMINER?** OTHER: 1 TES 2 NO 1 M Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED marked, INJURY Natural 5 Pending 1 YES 2 NO BY death Investigation 2 Accident 3 Sulcide 26a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DOTHE FUNERAL DIRECTOR: At the filed within 72 hours after de iMPORTANT: If Item 28 is .00 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated.

29h BIGHATURE AND TITLE OF CERTIFIER MD 29c. LICENSE NUMBER 21649 29d. DATE SIGNED (Month, Day, Year)

29d. DATE SIGNED (Month, Day, Year) 30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3455 WILKENS AVE, BALTIMORE, MD 21229

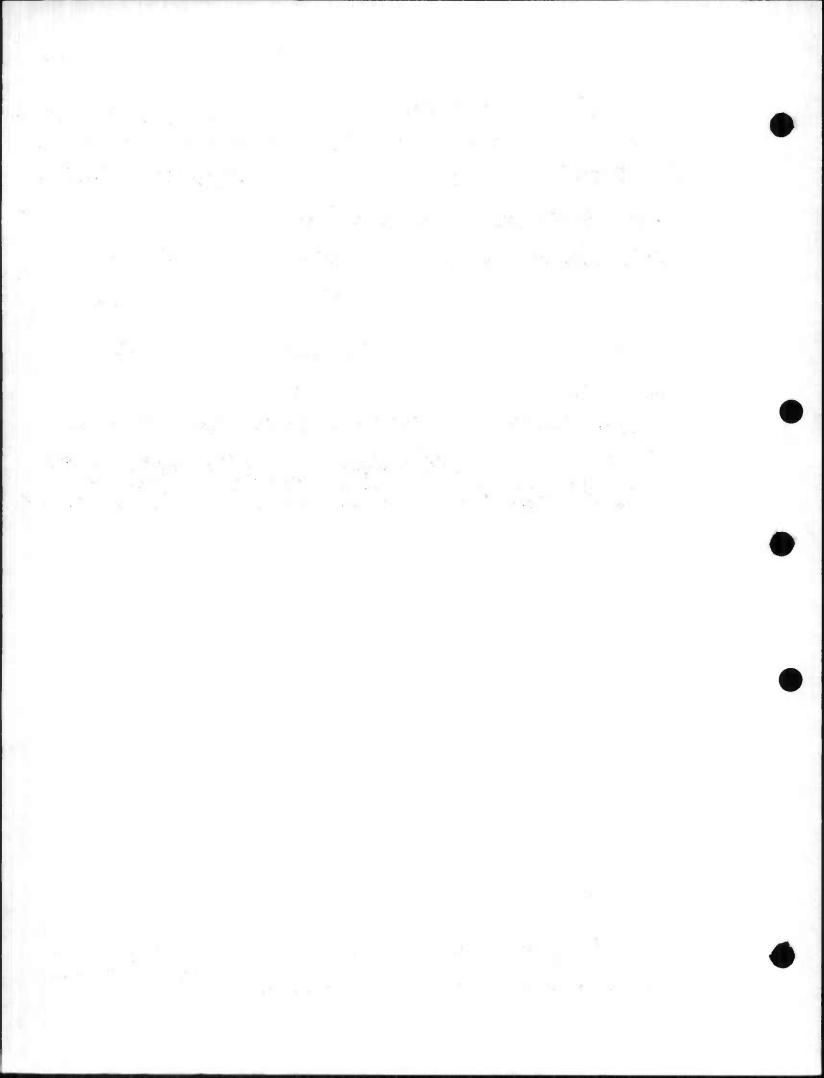
32. REGISTRAR'S SIGNATUR

DHMH-16 Rev 1/89



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		Decedent's Name (First, Middle, Las		Certificate o	of Death	2. Dete of D			ime of Death
Physici /Medic		JOHN	MCN	51L		Month FEB	vare 4	Yeer (9%	027
Examir		4a. Feellity Neme (If not institution, give KOPZ (# 6U # 5)	street end number)  HESPITA	L CENTEN	4b. City, Town, or	-	th C. County	of Death	ns.
Funeral Director		5. Sociel Security Number 6. Security Number 11 Usual Residence of Decedent	7. Age (In yrs. I	ast birthday) If Under 1 Ye Yrs. Months De	ear If Under 24 Hrs	8. Dete of B		9. Birthpiece (S No Country) No CATPO	state or Foreign
the Maryland 28a-f ahow notified at	)r	10a. Stete 10b. County	10c. City	Town or Location	-				ide City Limits
deeth with the Maryland ms 23s or 28s-f show mat be notified at	Director	10e. Street and Number	1010ND	10f. Zip Cod	le -		10g. Citizen of V		1 105 2 2 110
deeth w	Funeral [	7121 Am \$	RIDGE DRY  12. Was Decedent Ever in U.S	S. 13. Was Decadent	1207 of Hispanic Origin? (5	Specify Yes or N	U, 9	e - American Ind	an.
9 2 2	þ	1 Never Merried 2 Merried 3 Widowed 4 Divorcad	Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Year or Dates:	If Yes, specify C	of Hispanic Origin? (5 cuban, Mexican, Puer No Specify:	to Rican, etc.)	Specify.	BLACK	
d within 72 hours af jiene. r than "natural", or ne Me Xiral E. an	Completed	15. Decedent's Ed (Specify only highest grad	fe completed)	16a. Decedent's Uauel Oc (Give kind of work do life. DO NOT use re	cupation ne during most of wo tired)	orking	16b. Kind of Bu	usiness/Industry	
filed within Hygiene.	Com	Eiementery/Secondary (0-12)	Coilege (1-4or 5+)	PIRE!	REPAIR		117	RE	
o a b o	To Be	17. Father's Neme (First, Middle, Last)	12		18. Mother's Na	me (First, Middle	a, Meiden Sumam	10)	
nd 2 : alth er 27 le r trau		19e. Informant's Name/Relationship (7. ALBAN Sm.	ype, Print)	19b. Mailing Address (Str.	eet end Number or R	ural Route Numi	ber, City or Town,	Stete, Zip Code)	
of He		20a. Method of Disposition 1 ☐ Buriai 2 ☐ Gremetion 3 ☐	Removal from Stete	ace of Disposition (Neme of ometery, cremetory or other	place)	Date	20c. Location -	City or Town, St	ate
permit. Peges 1 er Department of Hea Important: If Item 2 any Injury or other once.		4 Donation B Other (Specify, 21, Signature of Juneral Service Licent	// //	22. Number and Ad	Pss/ValaC	TTITU	HANSTA	EVA	11/1/
80599		Sout 11-11	met	27077	35 PHIL 10	w Pas	5 BNA	MD. 2	1229
Physician		23a. Pan Enjer the disease, or comp ahous pheart feilure. List only of	lications that caused the deeth ne cause on each line.	. Do not enter the mode of	dying, such es cardie	c or respiretory	arrest,	Interv	ximate ai Between and Death
/Medical Examiner		fmmed the Cause (Final disease or condition resulting In death)		hujocand	AC 114	FASEZ	4x	50	mins.
D #	ner		Due to (or	es a consequenca of):					
ficate be axecuted g physician and as the bural-transit	Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	b. Due to (or	as a consequence of):					
ficate be a: physician is the buria	edical	Cause (Disease or Injury that Initiated events resulting in death) Lasf	C. Due to (or	es a consequence of):					
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ha death the atte	ysici	Part II. Other significant conditions co			-		tobacco usa con		
requires that the death cert een signed by the attendin hould be detached for use	by Physician/M	INBULIA DE	powdout &	S'ABETES A	uellitus	10	Yes 2□ No	3 Probably	4 Donknown
2 S D	Completed					24a. Wa perl	s en autopsy ormed?	24b. Were aut available completic of death?	prior to in of cause
L age		25. Was case referred to medical			00.51		Yes 24 No	1 🗆 Yes	2[] No
0 0	To Be	examiner?	lospital:	ER/Outpatient 3□ DOA	Other:	ath <i>(Check only</i> Home 5 ☐ Res	one) idenca 6 □Oth	er (Specify)	
ling Phys		27. Manner of Death 1 ☑ Hatural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)		njury at Nork?	28d. Describe	how injury occurr	red	
To the Hospital or Attending F within 24 hours effer death. To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident 3 Suicide 4 Homicide Investigation Could not be determined	28e. Place of Injury - At hor building, etc. (Specify,	me, ferm, street, factory, offi	I Yes 2 No ce	28f. Location City or To	(Street and Numb own, State)	er or Rural Route	Number,
Hospital 24 hours Funeral stely filled	edical C	29e. Certifier (Check only one) 12 Certifying Phy 2 Medical Example one)	elcfan: To the best of my know ner: On the basis of examineti	viedge, deeth occurred et the on and/or investigation, in m	e time, date and plec ny opinion, death occ	e, and due to the urred et fhe time	ceuse(s) end ma	inner as stated. and due to the ca	use(s)
To the within 2 To the comple	Me	29b. Signeture end title of certifier	and manner stated.		ense number		29d. Date signed		
		1 Que	& MD	2	19502		Februso	4 4,	1996
		30. Name and address of person who co	·	23e) (Type, Print)	19502 Kentew HISTEWN	EET H	SESPITAL	CONT	M
Sta	te	31. Date filed (Month, Dev. Year)	32. Registrar'a Signat	ure	COL CHUN	nid	011.	2,5	
Registr	ar	FFR 0 71996	1. Shorten Carlos	2					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene [ Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month DORTS MINADAKTS February 10:00 A.M 4, 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 103 Phelps Avenue Glen Burnie Anne Arundel | H Under 1 Yaar | H Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | N OVEMBER 1 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 18,1918 Pennsylvania 10M 20F Yrs Director 218-42-9716 Usual Residence of Decedent permit. Pages 1 and 2 should be liled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23e or 28a-1 show any injury or other traumatic event, fra Medical Examinal must be not as 2006. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 TYAS 2KINO Maryland Anne Arundel Glen Burnie Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 103 Phelps Avenue 21061 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 Yas 2 No if Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3 ☑ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantery/Secondery (0-12) College (1-4or 5+) Tavern Proprietor 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Michael Leonidas Karpouzie Mary Baouris 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Pural Route Number, City or Town, State, Zip Code) Frances Antonas 1523 National Road, Baltimore, Md. 21237 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Greek Orthodox Cemetery 1-7-96 Baltimore. Md. 21. Signature Funaral Sarvice Licensee 22. Name and Address of Facility Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disaase or condition resulting in deeth) Examiner Examiner requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last and Due to (or es e consequence of) vision of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or as a consequenca of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed has 2 No 1 □ Yes 2 □ No director, Be 25. Was case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 0 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA 5 Rasidence 6 □Other (Specify) this the funarai 27. Menner of Deat 28c. Injury at Work? 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of After 1 Natural 2 Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No Director: 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.

\*\*Manual Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. cal 29a, Certifier Medi 29b. Signature 29c. Licansa number 29d. Date signed (Month, Dey, Year) on who completed cause of death (Item 23a) (Type, Print) RITCHIE HIGHWAY, GLEN BURNIE, MD STEPHAN M.D. 7575

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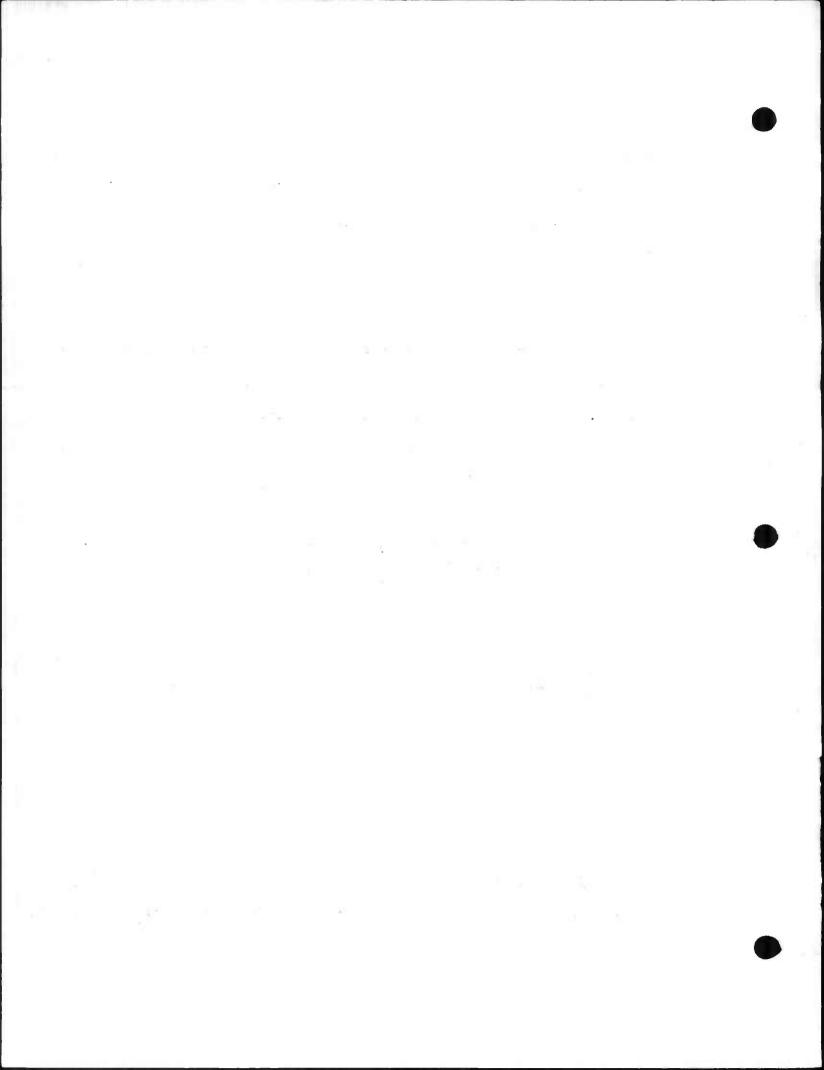
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		1. DECEDENT'S NAME (First, Middle, Last Leon C		erke	1			Peb. 5	DAY Y	3. TIME OF DEATH 9:10 P
		4. SOCIAL SECURITY NUMBER 526-34-1720	5. SEX 8.	AGE (In yrs		UNDER I YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTI	H In	BIRTNPLACE (State or Foreign Country) LTTO11 Co. Md.
3 should	œ	9a. FACILITY NAME (If not Institution, give Longview Nursi	street and number)		96		on Location of DE	ATN	9c. COUNTY	
1, 2,	ECTOR	RESIDENCE OF DECEDENT	ing nome			1				Odifoli
physician. burial-transit permit. Pages	DIR	Maryland Car	roll			own on Local ey town	TION			10d. INSIDE CITY LIMITS? 1 TYES 2 XXNO
nsit perm	ERAL	100. STREET AND NUMBER 3866 Stone Roa	d			10	H. ZIP CODE	87	10g. CITIZEN	U.S.A.
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR	YES 2	ARMED	if yes, s	CENDENT OF NISPAN pecify Cuban, Maxica S X NO Specify	IIC ORIGIN? (Special	ly Yes or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: White
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the hospital or detached for u once.	TO BE COMPLET	Elementary/Secondary (0-12) -12-	College (1-4 or 5 +) —()—		Inspec			Stat	te Highwa	ay Admin.
		17. FATNER'S NAME (First, Middle, Last) Walter E. Merke	1		18. MOTNER'S NAME (First, Middle, Melden Surneme) Ruth R. Zahn					
be retained by ge 5 should be notified at		19a. INFORMANT'S NAME (Type/Print)  Jeannine G. Walk				and Number or Rural F			own, Md.21787	
e 6 may be ector, page must be		20e. METNOD OF DISPOSITION 1X Burlel 2 Cremation 3 Re 4 Donalion 5 Other (Specify)	moval from State	20b. PLA cemetery.	CEAND DATE OF C	isposition(N place) emeter	y 2-		c. LOCATION — CHY	or Town, State
death. Page 5 may be tuneral director, page to tuneral director, page examiner must be		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE D	1		22. NAME A	ND ADDRESS OF FA	1182	4 Reiste	rstown Road
E) (D)		23. PART i. Enter the diseases, or	complications that ca	used the	deeth. Do not	1				own, Md. 21136
precuted withing and and completely filled and completely filled burial, cremation, o natic event, the n	CATION	shock, or heert fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e. Due to (or	ASA CON	line.		in. Heart			Interval Between Onset and Death
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requires that the of the signed by the of Health and Mei shows any Injur	MEDICAL C	PART II. Other significent condition	toplan	emle	1 YE	24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
ician: the law sertificate has b the State Dept.	SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:				
this with	PHYSICIAN	27. MANNER OF DEATN 1 Destural 5 Pending	1 ☐ Inpatient 2 ☐ ER  28a. DATE OF INJI (Month, Day, Y	URY	28b. TIME O	28c. IN.	JURY AT DRK? YES 2 NO		OW INJURY OCCUR	ED
DIRECTOR: After I hours after death Item 28 Is man	red BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF IN	JURY — At (Specify)	home, farm, stree			281. LOCATION (St City or Town, S	reet and Number or F State)	Rurel Route Number,
127	COMPLETED		SICIAN: To the best of my							use(s) and manner as stated,
TO THE TOWER TO THE MENT OF THE WITHIN THE MENT OF TANK	BE CO	296. SIGNATURE AND TITLE OF CERTIFIC					29c. LICENSE NUM			Gt/ED (Month, Day, Year)
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		31. DATE FILED (Month, Day, Your)	32. REGISTRAR'S	SIGNATUR		AINS	r. N	1 ANC	hester	11/2/102
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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P		4. SOCIAL SECURITY NUMBER 5. SEX 1/17-07-6183 1/1/1X M 2	0.0	MONTHS DAVE MOURE MA	S. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country) Maryland				
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physician. burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland Harford	10c. C	Bel Air		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
n. ansit permi	FUNERAL	100. STREET AND NUMBER 1102 Andreas Court		101. ZIP CODE 210		HTIZEN OF WHAT COUNTRY?				
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for u	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12th grade  College (1-4 of 1)	(Give kind of life. Do NOT	"S USUAL OCCUPATION of work done during most of working use retired.)  LNECT	Refrigera	noustry tion and				
be det	BE COMPL	17. FATHER'B NAME (First, Middle, Last) James Montoe	Ling.	16. MOTHER'S	Air Condi NAME (First, Middle, Maiden Surrame abeth Mary (Surl	)				
ay be retained a page 5 should the notified	T0	19a. INFORMANT'S NAME (Type/Print) Nelson T. Montoe (sor	224	NO ADDRESS (Street and Number or Pu O Redthorn Road,	, Baltimore, MD	21220				
e 6 m actor, must		20a_METHOD OF DISPOSITION 1 \( \) Burlel 2 \( \) Cremetion 3 \( \) Removal from State 4 \( \) Donation 5 \( \) Other (Specify) 21. SIONATURE OF FUNERAL BERVICE LICENSES	20b. PLACE AND DAT cometery, crematory of Parkwood	eof disposition (Name of rother place) Cemetery	2/6 Baltime	City or Town, State Ore, Maryland				
	- 13	· wwsk		9705 Belair	racility ineral Homes, II Rd., Baltimore,	MD 21236				
within 24 hours pletely filled in cremation, or r rent, the med			that coused the deeth. Do	nfarction	such as cerdiac or reapiratory s	Approximata interval Between Onset and Death				
in ceruncate be executed and con Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Acute respiratory failure  — 3 day  Due TO (OR AS A CONSEQUENCE OF):  Severe as thmatic bronchitis  — Saveral days  Due TO (OR AS A CONSEQUENCE OF):  d. Peripheral vascular disease  — years								
200	MEDICAL C	Hypertention	to death but not resulting	In the underlying cause given		Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
has been signed Dept. of Health a		Chronic obstructive pu	CAUSE OF DEATH	(ES 🗆 NO 🕱 UNCERTA		OF DEATH?  1 YES 2 NO				
this certificate has b with the State Depr.	PHYSICIAN:		2 - ER/Outpatient 3 - DOA	ATH (Check only one)  OTHER: 4   Nursing Home 5   Resident	(1)					
After this c death with s marked,	ву Р	1 Natural 5 Pending (Mont	n, Day, Year)	ME OF SEC. INJURY AT WORK?  M 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY O					
OF ALLENDING DIRECTOR: After nours after death term 28 is ma	ETED	4 Homicide determined buildi	E OF INJURY — At home, farming, etc. (Specify)		261, LOCATION (Street and Numb City or Town, State)					
TANTE II IB	COMPLETE	(Check only one) 2 MEDICAL, EXAMINER: On the basis		rred at the time, data and place, and o						
A STATE OF THE STA	TO BE	The state of the s	in, M.D.			EBRUARY 2, 1996				
		Albert S.C. Sun, M.D.,	1800 Harford	Rd. Fallston,	MD 21047 (410)	879-3220				
		FEB 0 71996 Julia Stude	TRAR'S SIGNATURE							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

							Cer	tiricate oi	Death			Reg. No.		
Phys /Me	ician dical		Decedent's Neme (First, Middle, Barbara	,	Α.			M	YERS		2. Dete of De Month Februar	Dev	9 <sup>Veer</sup>	3. Time of Deeth 10:48 am
	niner		. Facility Neme (If not institution,	give street end n	umber)				4b. City, To	wn, or L	ocation of Death	4c. County	of Deeth	
			Franklin Square	e Hospit	a1				Balt	imor	ce	Balti	more	
Funer	al			6. Sex	T	In yrs. lest birt	hday)	If Under 1 Yee			8. Dete of Bir	th Year	9. Birthp	lace (Stete or Foreign
Direct			214-38-8229	1□ M 20XF	5	55	rs.	Months Deys	Hours	Min.	May 22	1940	Mary.	land
מ		Us	suel Residence of Decedent											
ylan		10	e. Stete 10b. County		1	0c. City, Town	or Loc	cation					1	0d. Inside City Limits
Mar Mar	ģ	Ma	aryland Baltim	ore		Baltin	nore	9						1 ☐ Yes 2 ☐ No
128a	Director	10	e. Street end Number					10f. Zip Code				10g. Citizen of	Whet Coun	ntry?
E S			101 North Stua	- C+	+			21	221			U.S.A.		
n 72 hours after death with the Manyland *neturel*, or items 23s or 23s-4 show coal Examiner must be nouted at	Funeral	11	. Maritei Status	12. Wes De		ar in II C	12 V			ain? (Sr	porify Ves or No		a - Americ	an Indian
Hen H	5	"	1 Never Married 2 Merrie	Armed F	orces?	J. H. O,G.		Vas Decedent of Yes, specify Cu		, Puerto	Rican, etc.)	Ble	ck, White,	
S S	Ş		3 ₩ Widowed 4 Divorced	IT Yes, C	2 No		1	☐ Yes 2 N	Specify:			Specif	y: Whit	te
hour land	2			Year or	Detes:	40-	D 1					405 KI-1-45		4
I within 72 ho lene. Than "natur	Completed		15. Decedent's (Specify only highest	s Education grade com <i>pleted</i>	1)	16a.	(Give I	ent's Usuel Occi kind of work don	e durina mos	t of work	king	16b. Kind of B	usiness/inc	dustry
	8		Elementery/Secondery (0-12)	College	(1-4or 5+)	Com		OO NOT use retir	/			State o	f Mo	evland
al Hygiene. other than			12th grade			Con	ıput	er Tech						Lytand
tal Hyg	Be	i I	. Father's Neme (First, Middle, L	ast)								Maiden Sumar		
and Mental	2		Norman Gifford						Mar	gare	et Sara	h Limore	2	
th and Mer 7 is marke traumatic	1		e. Informent's Neme/Reletionshi	ip (Type, Print)		19b.	Meilin	g Address (Street	et end Numbe	er or Rui	ral Route Numb	er, City or Town	Stete, Zip	Code)
			Clarence J. My	ers (Son	)	101	No	rth Stu	art St	ree	t, Balt	imore, 1	Mary1	and 21221
f Healt item 2 other		20	e. Method of Disposition			20b. Pleca of	Dispos	sition (Neme of netory or other pi	la cal		Dete	20c. Location	- City or To	wn, Stete
int: If its			1  Buriel 2 □ Cremetion : 4 □ Donetion 5 □ Other (Spi		n State					100		D 1. 1		
		21	. Signeture of Funerel Survice Li			Parkw		Cemeter	-			Baltimo	re, M	laryland
Departments any Ink	once	"	. Signature of Pullerell Mivide D	- 11	/			Chimune			Home			
1024	۵		Ship	fell	_			331 Bre				ore, Mar	rylan	d 21213
		23	3a. Pert1. Enter the disease, or of shock or heert feliure. List of	complications that	caused th	e deeth. Do r								Approximete Interval Between
hysicla	n		anough of freely lettere. Elst o	illy one cease on	oodi iiig.								1	Onset and Death
/Medic	_	im	nmediete Ceuse (Finei	D 1	1.1.	Annaha	Mara	oomdia1	Infar	ctio	m		1	1 Hour
xamine	er	re	seese or condition sulting in deeth)	a. Proba				cardial	Illiar	CLIO	11			
	e III	1				e to (or es e d							i	
DSI	Examiner			ь Нуре				ovascul	ar Dis	ease	2		i_	
nding physician and use as the burial-transit	X	Se	equentielly list conditions, eny, leeding to immediate use. Enter Underlying		Du	e to (or es e d	onseq	uence of);					1	
ician		VVA	ause (Diseese or injury	c										
ding physician and	n/Medical	tha	at initieted events suiting in deeth) Lest		Du	e to (or es e c	onsequ	uence of):						
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and or us	ar			0									1	
ed by the atte	Physicia	Pe	rt II. Other significant condition	s contributing to	death but r	not resulting in	the un	deriving cause of	iven in Part I		23b. Did	tobacco ues co	ontributs to	the cause of death
ed by th	ţ	•							,			Yes 2□ No		bably 4 Unknow
ped e	by P		Smoker								200	2010	0_110	outly 4 dillion
sign d be	Q P										24a Was	an eutopsy	24h W	era autopsy findings
peen s	ete											ormed?	8V	aileble prior to mpletion of cause
2 0	9												of	death?
ate ha	Completed										1 🗆	Yes 2 No	10	☐Yes 2☐ No
rthis certificate ral director, pag	Be		. Wes case referred to medical						26. Place	of Deel	th (Check only	one)	1	
	To		examiner? 1 Yes 2 No	Hospitel:	Inpatient	2CXER/Out	nation	3□ DOA O	ther:			dence 8 □Oti	ner (Sneelf	w)
		27.	. Menner of Deeth	-	of Injury nth, Dey Y			28c. Inj		namy re		how injury occur		//
r death. sctor: After by the funer	Certification:		1 Netural 5 ☐ Pending 2 ☐ Accident investige		nth, Dey Y	(ear) Ir	jury		ork? ⊒Yes 2⊟	No				
dead ctor	S		3 ☐ Sulcide 6 ☐ Could no	ot be	e of Injune	At home for	m etre	et, factory, office			29f Location /	Street and Num	has as Pura	al Route Number.
200	E		4 ☐ Homicide determin	build build	ding, etc. (	Specify)	iti, stre	et, lactory, office			City or To		oer or nura	ir noute ruitiber,
111		-								-				
Page 1	) edical	29	a. Certifier (Check only one)  1 Certifying 2 Medical Ex	Physician: To the xaminar: On the li end me	e best of n basis of ex nner steted	aminetion and	deeth Vor Inv	occurred et the estigetion, in my	time, date en oplnion, dee	d piece, th occur	and due to the red et the time,	cause(s) end m dete end pieca,	enner as si and due to	teted. the cause(s)
100	ž	29	b. Signature and title of certifier	0				29c. Licer	nse number			29d. Date signe	d (Month,	Dey, Year)
			100	No.		ma a		λ	2683	1		1/	he las	12
		-	Joele Joele	nank	4	my,			260)	) / '		4	14/98	<i>y</i>
		30.	Neme end address of person w						. D.	1+0	, Md. 2	1237		
			Sheila Rhod				n S	quare D	r. Ba	TLO	, riu - Z	1431		
5	State	31.	Date filed (Month, Day, Yeer)	11. 32.	Registrer's	Signeture								
Regis	strar		FEB 0 71996	file alles	Rordo	relati								

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State of Maryland / Department of Health and Mental Hygiene 9 6 0 2 9 2 0

						Certifica	te of	Death		Reg. No.			
	REPORT.		1. Decedent's Name (First, Middle, Las	,					2. Date of Dec	ith	Maria	3. Time of D	Death
	Physic		(VI	Lonnie	В.	McKee	ver		Jan.	Day	96	4:00	A . 1
	/Medi Examiı		4a. Facility Nama (If not institution, giva	street and number)				4b. City, Town, or I			-	4.00	
	Funeral Director		213-01-0707			hday) If Und Months	er 1 Year Days			n v, Year)	9. Birthp	runde lace (State or iry) rgini	Foreign
	pu *		Usual Residence of Decedent  10a. Stata 10b. County	10c C	ity Town	or Location					1	0d. Inside City	. I imite
	he Maryte 8a-f eho ortfled at	ector	MD. Anne A	į.		erna :		ξ				1 □ Yas 2	
	23e or 2	Funeral Director	10e. Street and Number 107 Leslie Cour	t			ip Code 2114				U.S.		
020	2 should be filed within 72 hours efter death with the Maryland end Mentel Hyglene. Is marked other than "natural", or items 23s or 28s-f show aumatic event, the Medical Framiner must be mortified at	by	11. Marital Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in the Armed Forcas?  1.72 Yes 2 □ No If Yes, Give Yaar or Dates:	J,S.	1.00		Hispanic Origin? (S an, Maxican, Puart Specify:	pecify Yes or No- o Rican, atc.)	Blac	e - Amaric ck, White, v: Bla	etc.	
21215-0020	ges 1 and 2 should be filed within 72 hours to f Health and Meniel Fyglene. If item 27 is marked other than "natural", or other traumatic event, the Medical Exp.	Completed	15. Decedent's Edu (Specify only highast grad Elementary/Secondary (0-12)			Decedent'a Us (Giva kind of w lifa. DO NOT	ork dona	during most of wor	king	16b. Kind of B	usiness/inc	luatry	
121	yglen yer the		12th	0	M	lail H	and]			U.S.		Offi	ce
Maryland	the did out	Be	17. Father'a Name (First, Middle, Last)					18. Mothar's Nar		Maiden Suman	10)		
K	J Mer J Mer Jarka	To	John McKeever		T			Unkr					
Ma			19a. Informant'a Name/Relationship (7)					and Numberor Ru ider Ave					
6	1 and Health em 27		Francine Carso 20e. Method of Disposition	20b.	Placa of	Disposition (N	ame of		Date	20c. Location -			
Baltimore,	Pa Pa		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	G:			ores	st Vet.		Owings	Mil	ls, M	
Bal	permit. Pe Departmer Important: any injury once.		21. Signature of Funeral Sarvice Licans  23a. Part1. Enter the disease, or comp shock, or heart failure. List only of	-1	281			ess of Facility	1721-2 Balt	-		Stre	et
Box 68760,	behaviored by the attending physician and behaviored for use as the burial-transit	an/Medical Examiner	Immediate Cause (Final disaasa or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	a. ACULE  Due to (  Due to (  AZHEIM	or as a coor as a co	onsequence of onsequence of	10 (°	ear dial	Inf	arctim		Onsat and De Tumpy Immi Zyea/	ralf
O. B	that the death ed by the atte detached for	Physician/	Part II. Other significant conditions con	ntributing to death but not re	sulting In	the underlying	cause gi	ven in Part I.	23b. Did 1	obacco uss co	ntributs to	the cause of	death?
S, D	gned b	by Ph						El	1 🗆 '	fss 2□No	3 Prot	pably 4□U	inknowi
of Vitai Record	ew requir ss been s 2 should	Completed							perto	an autopsy med?	ava	are autopsy fin allable prior to mpletion of ca deeth?	
a	ysician: The I s certificata he director, page		05 11/						101		10	Yes 2□N	10
Ē	Physician: this certific ral director,	o Be	25. Was casa rafarred to medical examiner?	Hospital:	3		_ Ot	han . /	ath (Check only o				
	£ # #	1: To	27. Mannar of Death	28a Date of Injury	28b. T	,	28c. Inju Wo	4 Uzi Nursing H	oma 5 Resid			()	
on	ttending Ph death. ctor: After th y the funeral	tlor	1 ☐Netural 5 ☐ Pending invastigation	(Month, Day Year)		jury M		rk? Yes 2 No					
Division	7565	Certification:	3 Suicide 6 Could not be 4 Homicide determined	26e. Plece of Injury - At I building, etc. (Speci	nome, fer	m, street, facto	ry, offica		26f. Location (S City or Tox	Street and Numb m, State)	ber or Rura	l Route Numb	er,
	To the Hospital or within 24 hours after To the Funeral of completely filled in	edicai C	29e. Certifier (Check only one) 1 Certifying Phy. 2 Medical Exami	sician: To the best of my kniner: On the basis of examinating	owledge, ation and	death occurred/or Investigetion	d at the ti	me, dete end plece opinion, death occu	, and due to the rred at the time,	cause(s) and ma date and placa,	anner as si and due to	ated. the cause(s)	
	within 2 To the comple	Me	29b. Signature and title of certifler	4 11		2:	9c. Licen:	se number		29d. Date signe	d (Moglin,	Day, Year)	
			· CIVa	1 8			12	0094	an	2/0	6/91	5	
/	0		30. Neme and address of person who co	ompleted (Sussed) steeth (Ite	np 23a) (	Type, Print)	Bul	nie, W	14.1210	61	1	V.	
	Sta		31. Date filed (Month, Day, Year) FFR 0 71996	32. Registrar's Sign	ature	V				-			

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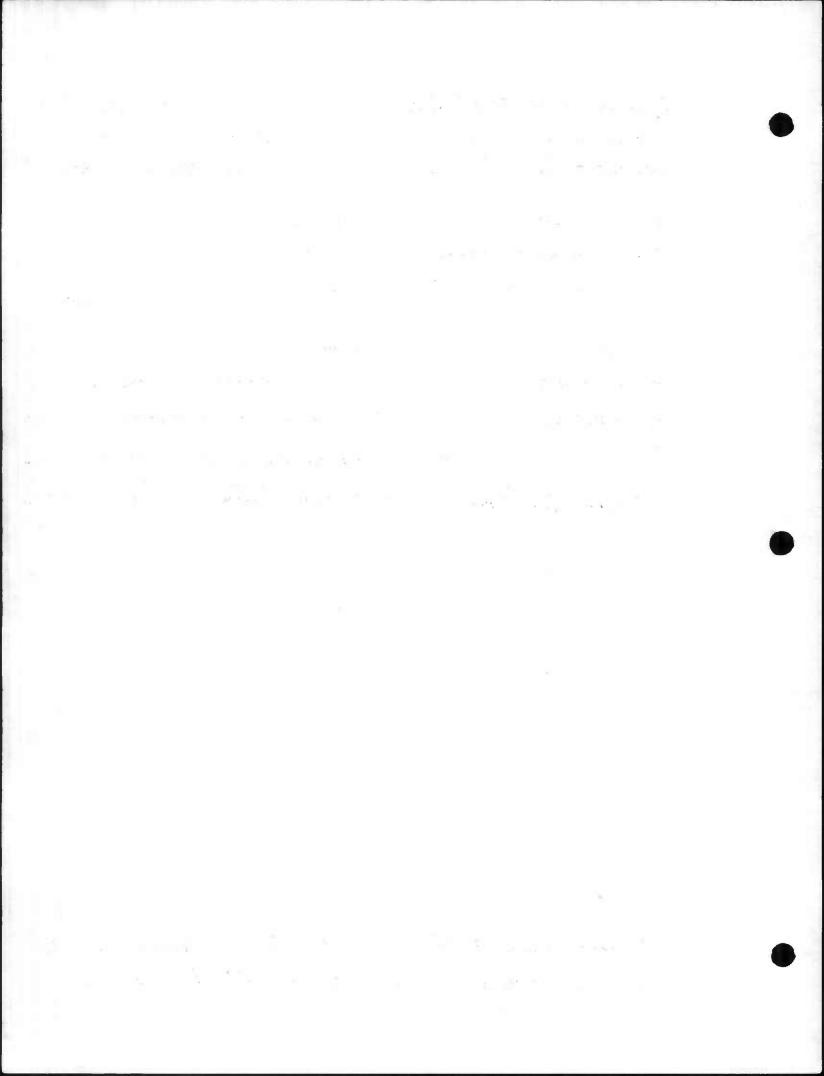
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State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth E Month 6:30 PM **Physician** McNeill James /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Liberty Medical Center **Baltimore** N/A If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Deys Hours Min. June 28, 1919 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (State or Foreign Countries C. **Funeral** M 2□ F 240-26-0930 76 Yrs. **Director** Usual Rasidence of Decedent 72 hours after death with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, tra Medical Examiner must be notified at Yes 2□No Director N/A Md. **Baltimore** 10e. Streat and Number 10f. Zlp Code 10g. Citizen of What Country? 21216 2315 N. Longwood Street USA Funeral 12. Wes Decedent Ever In U.S.
Armed Forces? 17/45

13. Wes Decedent of Hispenic Origin? (Specify Yes or NoIf Yes, Specify Cuben, Mexican, Puerto Rican, etc.)

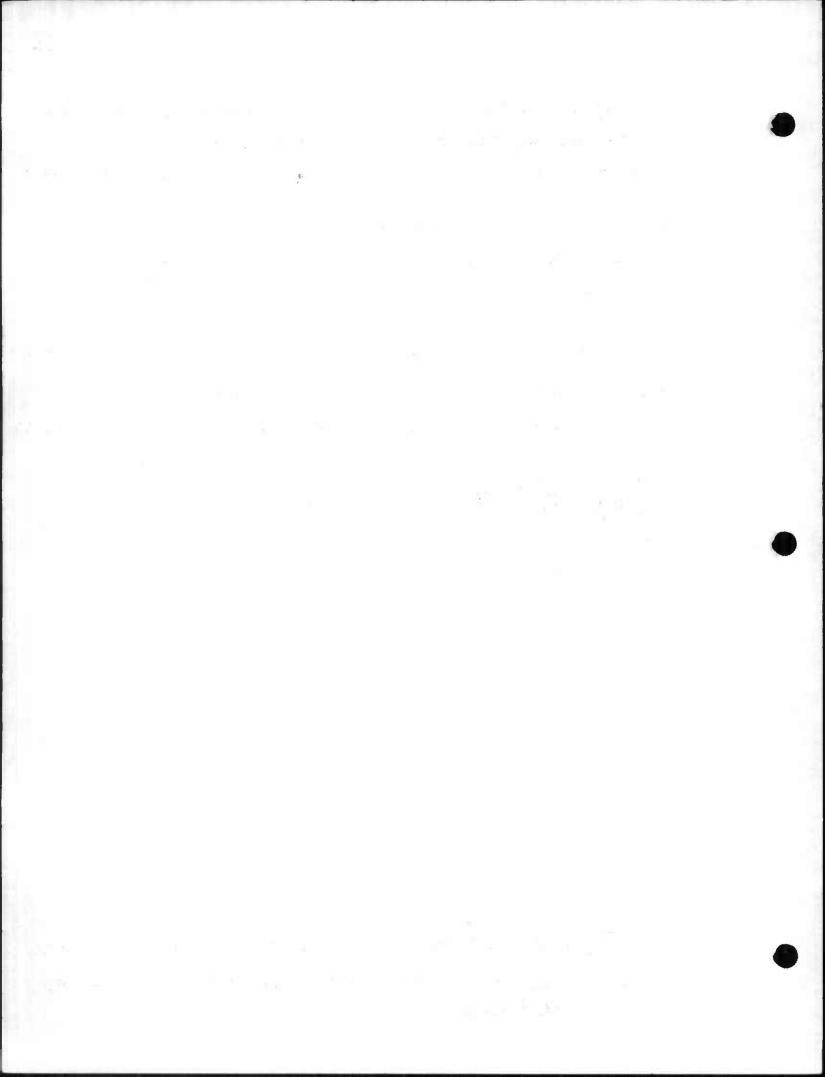
14 Yes, Give Yes or Deles: 10/1945 Reca - American Indian, Black, White, etc. 11. Meritel Status 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 þ Specify. Black. 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry oe filed within 7 el Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) Clerk Publishing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be 2 should be fi Roger McNeill Mildred Anna McNeill 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 st Department of Heelth and Important: If Item 27 Is n any Injury or other traun Wife 2315 N. Longwood St. Baltimore, Md 21216 Flora McNeill 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Data Buriel 2 Cremetion 3 Removel from State Garrison Forest Vet 2/7/96 Owings Mills, 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Facility Caple Funeral Service 21. Signature of Funeral Service Lo 5502 Winner Avenue Baltimore, Md 21215 Rank Enter the disease, of complications that caused the daeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feitura. List only one cause on each lina. Approximete **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) Examiner Due to (or as e consequenca of) Pail The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in daeth) Last Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, ettending physician Physician/Medical the Due to (or as a consequence of): ed by the detached Part It. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detack 1 ☐ Yas 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings aveilable prior to completion of ceuse of death? 24a. Wes en eutopsy performed? Completed After this certificate has 2 No 1 ☐ Yes 21 No 1 Yes or Attending Physician: director, Be 25. Was case referred to medical exeminer? 28. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 2 No 1 Inpatient 1 Yes 2 ER/Outpetient 3 DOA Inneral 28a. Dete of Injury (Month, Dey Year) 27. Menger of Deeth 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred 1 Naturel 5 Pending death. 1 Yes 2 No investigetion 2 Accident within 24 hours efter deat filled in by the 6 Could not be determined 28e. Pieca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 3 Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, deta end piace, and due to the cause(s) and menner as steted. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(s) end menner stelled. To the 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) Deorge C. Wills M. M.D. D41365 February 2, 1996 30. Nama end addrass of person who complated causa of death (item 23a) (Type, Print)
George E. Wicks III M.D. 2600 Liberty Heights Are 32. Registrate Signetura

State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

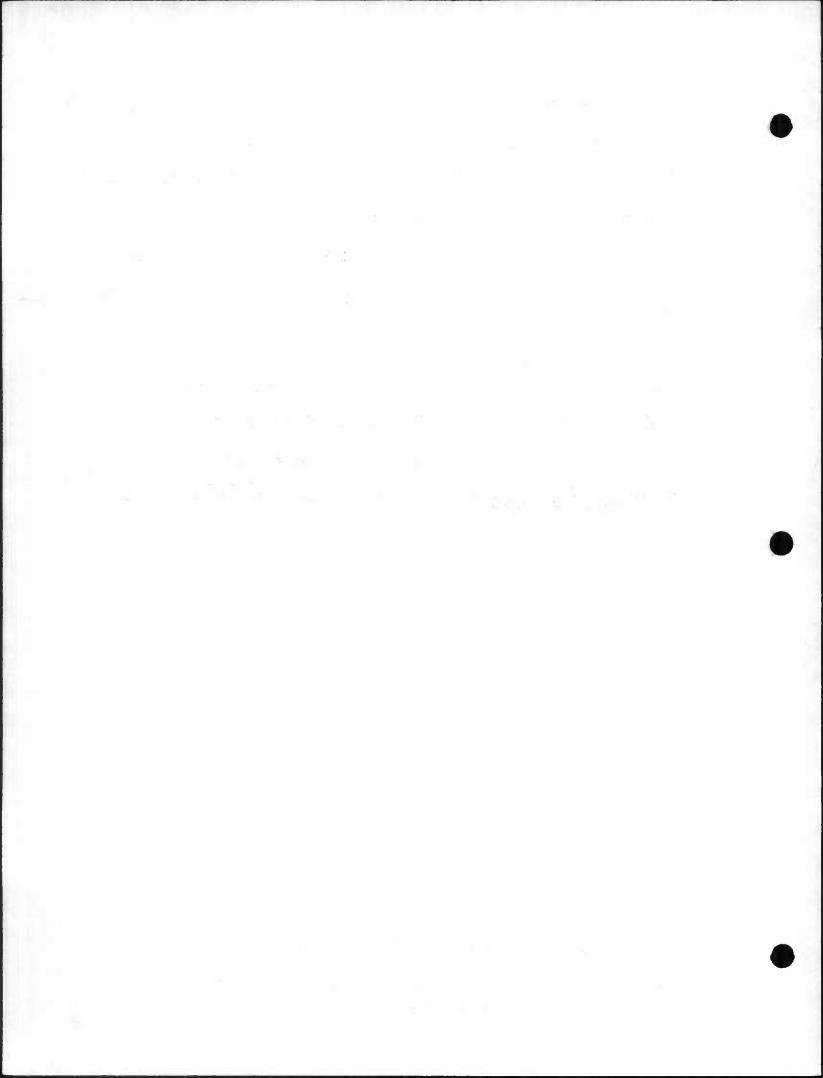
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Physic	ian	Decedent's Name (First, Middla, Last)				2. Data of De Month	Day	Yaar	Tima of Death
/Medi	cal	MOSES MCCOLLO				FEBURAR	1		:20 ar
Exami	ner	4a. Facility Neme (If not Institution, give street and THE JOHNS HOPKI)			Ib. City, Town, or Lo		~ / /	or Deeth	
Funeral		5. Social Security Number 6. Sax	7. Age (In yrs. last birthday)	If Undar 1 Yeer	BALTIMO			9. Birtholace /	State or Forei
Director		250-42-9951 1DXM 20	F 66 Yrs.	Months Days	Hours Min.	(Month, Da	Vear) 29	9. Birthplace ( Country) South	Caro
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28a-I	ecto	Maryland N/A	Baltimor						MIGS SPI
	ā	10e. Street and Number		10f. Zip Coda			10g. Citizen of \	What Country?	
iene. r than "natural", or flems 23a or 28a-f ahow tre Medical Examiner must be notified at	Funeral Director	1303 N. Chapel St		21213	Isnanic Origin? /Soc	acify Vae or No	USA 14 Bac	se - American Inc	dian
F Feb	E	Arme	d Forcea? If	Yas, apecify Cube	Ispanic Origin? (Spo n, Mexican, Puerto	Rican, etc.)	Blad	ck, Whita, etc.	oron v,
el'. o	þ	If Yas		I□Yas 2□No	Specify:		Specify	lack	
lical	Completed	15. Decedant's Education	16a. Deced	lant's Usual Occup	ation			usiness/industry	
	npie	(Specify only highast grada completed   Specify only highast grada completed   College	ge (1-4or 5+)	DO NOT usa retired	during most of work				
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and Mental Hygiene.  I marked other than ' iumatic event, on He	Be	17. Fethar's Nama (First, Middle, Last)			18. Mothar's Neme	e (First, Middle,	Maidan Suman	na)	
th and Mental F 7 is marked of traumatic eve	5	John McCullough I			Evelyn (			alliller and	
47.5		19a. Informant's Name/Relationship (Type, Print) Rosalee McCullough	/sister 200		and Number or Rura				
\$ E Z		20a. Mathod of Disposition	20b. Place of Dispose cemetary, crem		mallwood	Data		City or Town, S	
0 - 2		Burial 2 ☐ Cremetion 3 ☐ Ramoval fr 4 ☐ Donation 5 ☐ Other (Specify)	rom State Mount Z:			1000			
Department important: I any injury c once.		21. Signature of Funaral Sarvice Licenses		. Nama and Addre		0/90	Lansdo	wn, Ma	
Depa impo any ir		V las Of & M	1. 11- / 12 UI	nity Fu	neral Ho	ome			
		23a. Purit Enter the diseesa, or complications the about or heart failura. List only one cause	net caused the dum on not entr	08 W. N	orth Ave	e. Ba	lto.		201 roximata
Medical caminer	Examiner	immediate Cause (Final disease or condition rasulting in death) a.	Due to (or as a consequ		Noma	_		4	years
physician and s the burlai-transit	xam	Sequentially list conditions,	Due to (or as a consequ	uance of):					
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pengi pe del	by P	COPD, LDDN	7, 1717,			-62	2010	o Egit tobably	
been sig		perforated dunde.	ul deer			24a. Waa	an autopsy	24b. Were au available	rtopsy findin
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is certificate director, pag	Be	25. Was casa refarred to medical examinar?			28. Piace of Death	Check only	ona)		
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After funer	Certification:	1 ■Natural 5 □ Panding (A	ata of Injury Month, Day Year) 28b. Tima of injury	28c. injun Worl M 1 □	yat k? Yaa 2 □ No	28d. Dascribe	how injury occur	red	
death. ctor: Ai y the fu	fica	2 Accident invastigation 3 Suicide 6 Could not be	lace of injury - At home, farm, stra			28f. Location /	Street and Numb	per or Rural Rou	te Number
- 0 2	F	4 Homicida datamined be	uilding, atc. (Specify)	and restory, stilled		City or To			
5 5 6		(Check only 2 Medical Examiner: On th	tha bast of my knowledga, daath a basis of axamination and/or inv nennar stated.	occurred at tha tin astigation, in my o	na, date and plece, opinion, daath occurr	and dua to the ed at the time,	cause(s) and ma date and place,	annar as stated. and dua to tha c	causa(s)
5 5 6	edical				e example or		29d Date signe	d (Month, Day,	M1
5 5 6	Medic	29b. Signature end title of certifier	1 .	29c. Licens			tou. Dotte digite	- (moning 2-cy)	rear)
Z & D		29b. Signature end title of certifier	1 MD	29c. License		5	Februa	n 1,	1991
5 5 6		29b. Signature end title of certifier  30. Nama and address of person who completed of			N3195		Februa	n 1,	199



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State of Marylan	d / Department of H	lealth and Menta	al Hygiene	p 1	1	7

					Ce	ertificate of	f Death	Re	eg. No.	
	Dhuala		1. Decedant's Nama (First, Middla, Las	,				2. Data of Death Month	-	3. Time of Death
J	Physic /Medi		Leonarda M <del>iniowic</del>	Minkiew	icz			Februar	y 4,1996	10:00P.M.
	Exami		4a. Facility Nama (If not institution, giva	street and number)			4b. City, Town, or	Location of Death	4c. County of Dear	th
			17 N. Patterson	Park Ave.			Baltimo	re	N/A	
	Funerai Director		5. Social Sacurity Number 6. Se 213-52-0709	7. Aga (In ) ☐ M 2∑F 82	yrs. last birthday Yrs.	Months Day				thplaca (Stata or Foreign buntry) and
	dand dand		10a. Stata 10b. County	10c.	. City, Town or L	ocation				10d. Inside City Limits
	the Many 28a-1 sh	Director	Maryland N/A		Balt:	imore			0-04	1X Yas 2 □ No
	ath with 23a or must be	rai Dir	17 N. Patterson Pa			10f. Zip Coda 212			og. Citizan of What Co Poland	
21215-0020	is 1 and 2 should be filed within 72 hours effer death with the Maryland if Health and Mental Hygiene. It was a second them 23 or 28=4 show other traumatic event, the Medical Examinar must be notified at	d by Funeral	11. Marital Status  1 □ Navar Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	12. Was Decedant Evar in Armed Forcas?  1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas:	n U,S. 13.	Was Dacedant of If Yas, specify Cu 1 ☐ Yas 2 N		Specify Yas or No- rto Rican, atc.)	14. Race - Ame Black, Whit Specify: Wh	a, atc.
15-(	nattu	Completed	15. Decedant's Edi (Specify only highast grad		18a. Dece (Giv	edant's Usual Occi a kind of work don	upation a duning most of wo red)	orking	16b. Kind of Businass	/Industry
12	withir and the second	D D	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	life.	HomeMal			Domestic	
	Hygie ther		17. Fathar's Nama (First, Middla, Last)	_0		Homerian		ama (First, Middla, N		
an	d be entai	To Be	Stefan Majsiuk					la (Unkno		
Maryland	12 should be filed within h and Mental Hygiene. Is marked other than traumatic event, the M	Ė	19a. (nforment's Neme/Raietlonship (7) Rafal Minkiewicz	ype, Print) Son			et and Number or F		City or Town, Stata,	Zip Code)
	1 and 2 Health em 27 I		20a. Mathod of Disposition			position (Nama of	na. Lage		20c. Location - City or	Town State
Baltimore,	permit. Pages 1 and Department of Health Important: if Item 27 any Injury or other tronce.		1 ☐ Buriai 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)	Ramoval from Stata	cematary, cre	ematory or other p	Cemetery	2/7 B	altimore,M	Maryland
Bal	Departiment in poemit any in poemit points.		21. Signature of Funeral Service Licens	m/l-		22. Nama and Add			Weber Fune re, Md 212	
			23a. Part1. Entar tha disaase composhock, or haart failura. Int only o	lications that cousad tha d	laath. Do not ar	ntar tha moda of dy	/ing, such as cerdia	ac or respiratory arre	est,	Approximate fntarval Batween
	Physician /Medical Examiner	Examiner	Immediata Causa (Final diseasa or condition rasulting in daath)  Sequentially list conditions,	· Athe		P10515	'n far c	ton		Onsat and Daath
Box 68760,	the death certificate be executed by the attending physician and sched for use as the bunal-transit	Medical	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last	Duate	esten. o (or as a conse be tes		h s			
	the atte	Physician/	Part li. Other significant conditions con	ntributing to death but not	resulting in tha	undariying ceusa g	iven in Pert I.	23b. Dld tol	bacco usa contribute	to the causs of death?
s, P.O	es that the de igned by the a be deteched to	by Phy	49 Maria					1 □ Ys	96 No 3□P	robably 4 Unknown
Records,	sw requires s been s 2 should	Completed t						24a. Was ar perform	ned?	Wara autopsy findings available prior to completion of cause of death?
E E	Page 1							1□ Ya	s 2100	1 ☐ Yas 2 ☐ No
Vital	iclan: The certificate rector, pa	Be	25. Was cesa rafarred to medicei axaminar?	fospital:				ath (Check only one	9)	
on of	ding Physician: h. After this certific funeral director,	on: To	1 Yas 2 No '  27. Mannar of Deeth  Natural 5 Panding	1 ☐ Inpatiant 2  28a. Data of Injury (Month, Day Year	2 ER/Outpatie 28b. Tima ( injury	of 28c. Inj	ury at ork?	Homa 5 Raside 28d. Dascribe ho	nce 6 Other (Spe w injury occurred	cify)
Divid	office:	Certification:	2 Accidant Invastigation 3 Sulcida 8 Could not be 4 Homicida determined	28a. Place of Injury - A building, atc. (Spe	At homa, farm, st	treet, factory, office	]Yas 2□No	28f. Location (Str. City or Town	reet and Number or Ru , Stata)	ural Routa Number,
	Hospita 24 hours Funeral	edical C	29e. Certifiar (Check only one) 2 Madical Exami	sician: To the best of my liner: On the basis of exemand mannar stated.	knowledga, deal ination and/or in	th occurred et the nvestigetion, in my	tima, data and plac opinion, daath occ	e, and dua to the ca urred et the tima, de	use(s) and mannar ss ata and piace, and due	s stated. s to the cause(s)
	To the within 2 To the comple	M	29b. Signature and titla of certifiar		1 m.	29c. Licar	nsa number	29	d. Data signed (Mont	h, Day, Year)
			> Kina to	weret	1104	0	46444		3/5/96	
	5		30. Nama and address of person who co			*	ltimore.	Maryland	21224	
B	Sta Registr		Nina Everett, MD 31. Data filed (Month, Day, Year) FFR 0 71996	32. Registras's Si				-		



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State of Maryland / Department of Health and Mental Hygiene 9 5 2 9 2 4

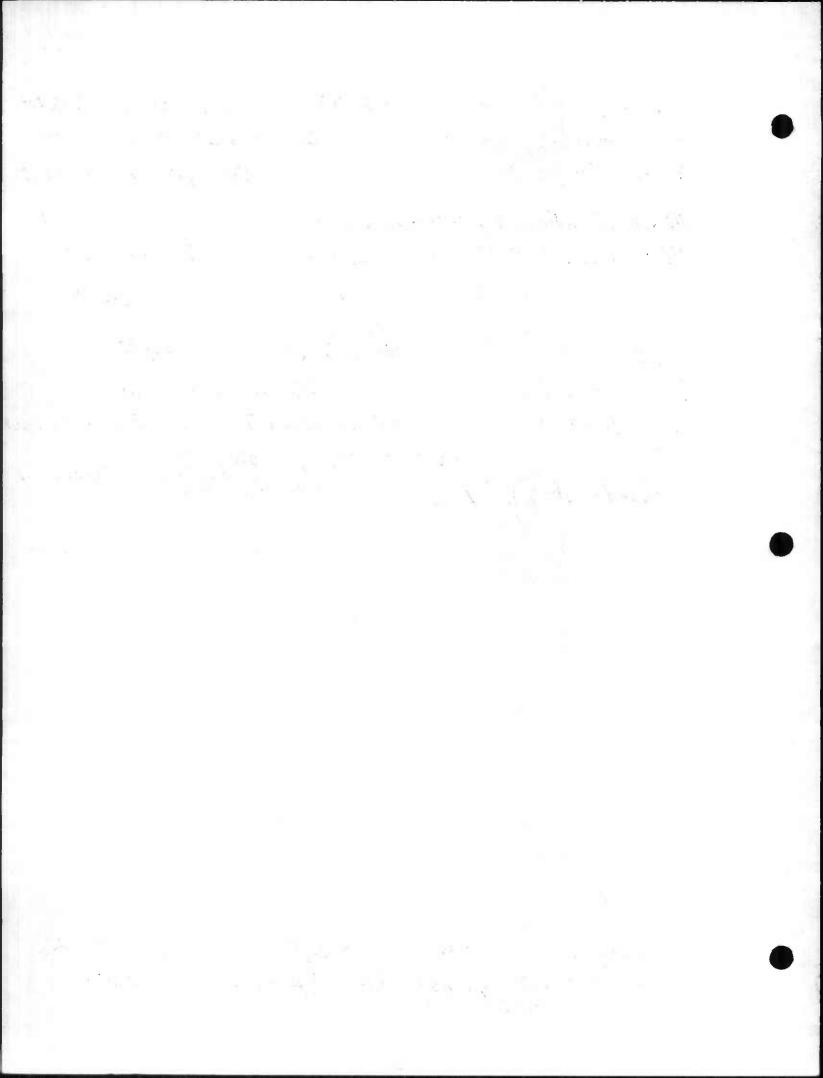
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death Day Ik Month **Physician** CATHERINE MARTIN 3:15 Am ebruary /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Oct. 7, 1907 Months Country), Months Days Hours Min. Oct. 7, 1907 Months Country) ARUNDEL tos PITAL 5. Social Security Number 6. Sex **Funeral** 1 M 2 KF 580-13-Director Usual Rasidance of Decedant the Merylend 10a Stata 10b. County 10c, City, Town or Location 10d. insida City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Modical Exeminer must be notified as Maryland Ann Arunde 1 ☐ Yas 2 No Director 10a. Street and Number 10g. Citizan of What Country? ea 21061 Montserra death Funeral 12. Was Decedent Evar in U,S. Armed Forcas?

1 Yas 2 No Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Bieck, Whita, atc. 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours after to Deportment of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or then eny Injury or other traumatic event, the Medical Exerci-12 Navar Marriad 2 Married specify: Black Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Yas Giva þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilega (1-4or 5+) n Home Maker 400 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Daniel Martin Margaret ape 19e. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number of Rural Routa Number, City or Town, Stata, Zip Code) Martin-8056 Green/eaf GlenBurnie, Md. 21061 Son Physician /Medical Immediata Causa (Finai PARLMONIA month diseasa or condition rasulting in death) **Examiner** the buriel-transit Sequantielly list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in daath) Last pue Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, physician The law requires that the death certificate be Physician/Medical Dua to (or as a consequenca of): signed by the attending of be deteched for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No HUPER TENSION 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed CONGESTIVE HEART 24a. Was an autopsy peen 1 Yas 2 No 1 ☐ Yas 2 TNO certificata Attending Physician: filled in by the funeral director, Be 25. Was casa rafarres to medical 28. Piaca of Daath (Check only ona) axaminari Hospital: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas & No 2 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manger of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how injury occurred After t 1 Naturai 5 Panding invastigation To the Mospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the funitional parts. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 | Homicida Certifying Phyalclan: To the best of my knowledge, daath occurred at the tima, data and place, and dua to the causa(s) and mennar es stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. 29a, Cartifian Medical 29b. Signatura and titla of cartifiar 29c. Licansa numbar 29d. Data signed (Month, Day, Year) MS 30. Name and addrass of parson who complated cause of deeth (item 23e) (Type, Print) GIEN BURNE Orejuno HOSP. DRIVE. 31. Date filad (Month, 71996 State Registrar

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE G. NO.				
- 3	1. DECEOENT'S NAME (First, Middle, La	A A A A	RE			2. DATE OF DE		3.1	O 155 A M		
	4. SOCIAL SECURITY NUMBER 214-24-9560 Se. FACILITY NAME (If not institution, gi	1 □ M 2 🛣 F 85	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURD MIN. OR LOCATION OF DE	7. DATE OF BIF (Month, Day,	),1910	MARY			
TOR	ST. AGNES HOSPIT	ΓAL			IMORE	AIH	BALTIMORE CITY				
DIRECTO	10e. STATE 10b. COU MARYLAND		10c. CITY	CATONS					. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		CARON OF	101	. ZIP CODE		10g. CITIZEN	OF WHAT	A		
BY FUNERAL	303 MAIDEN CHOI(  11. MARITAL STATUS  1  Never Merried 2  Married  3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	21228 ENDENT OF HISPANI ecity Cuben, Maxicor 2 X NO Specify			. RACE — A Black, Wh	American Indian, lita, etc.		
COMPLETED	15. DECEDENT'S I (Specify only highest gr Elementary/Secondary (0-12) 12TH GRADE	EOUCATION rade completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)			OF BUSINESS/INDUS				
	17. FATHER'S NAME (First, Middle, Last) GEORGE A. McGUI(				18. MOTHER'S NAM		Maiden Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	JAN	19b. MAILINO	ADDRESS (Street a			y or Town, State, Zip Co	ide)			
F	DONALD R. MOORE						LLE, MD 2				
	20a. METHOO OF DISPOSITION  1 X Burtal 2 Cremation 3 F  4 Donation 5 Other (Specify)  21. SIGNATURE OF EUNERAL SERVICE	temoval from Stata cem	PLACE AND DATE O betery, crematory or off EADOWRIDC	GE MEMOR	IAL PARK ND ADDRESS OF FAC	2/5	ELKRIDGE		Stata		
	HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MI 23. PART I. Enter the diseases, or complications that couced the deeth, Do not enter the mode of dying, such as cardiac or respiratory errest.										
	23. PART I. Enter the discess; shock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on e	sch line. Strok	ie.	ode of dying, such	ss cardisc d	or respiretory arres	,	Approximate Interval Batween Onset and Daath		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A	CONSEQUENCE OF	~510n					,		
EDICAL	PART ii. Other significant condi	tiona contributing to death b	ut not rasulting l	n the underlyin	g cauae given in		WAS AN AUTOPSY PERFORMED? YES 2 ANO	AWA CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO WPLETION OF CAUSE DEATH?  YES 2 70		
AN: M	DID TOBACCO USE CO		PEATH YE		UNCERTAIN	X					
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2 NO	HOSPITAL:		OTHER:	ne 5 🗆 Residence	8 Other (Spe	c(fy)				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	E OF 28c. IN.	JURY AT DRK?		E HOW INJURY OCCUI	REO			
red BY	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide datermine	be 28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a		YES 2 NO	281. LOCATION City or Tow	(Street and Number or rn, State)	Rural Route	Number,		
COMPLET	one) —	HYSICIAN: To the best of my know							d manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERT	IFIER MI			29c. LICENSE NUN		29d. DATE S	IGNED (Mo	nth, Dey, Year)		
TO BE COM	30. NAME AND ADDRESS OF PERSON KEN WILLAM	S 5/6 N, K		Print) Rd	BALA	4 mon	e mi	>			
	31. DATE ELEB (MOTTO 7 1996	32. REGISTRAR'S SIGN	ATURE								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO TARPFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	HEGISTHAN				CERTIF	ICAI	E OF	DEA	1 [		REG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH DA	W	YEAR	3. TIME (	OF DEATH
		retta								Jan	3		996	4:	30 A M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF	F BIRTH		8. BIRTH Countr	IPLACE (St	ate or Foreign
	218-18-6000		1 □ M 2 🂢 F	71	YRS.	worth is	DATE	HOURS		NOV.2	25,192	24		YLAN	D
œ	So. FACILITY NAME (If not in		,			9b. CIT		OR LOCATI		EATH		7.7	JNTY OF D		
DIRECTOR	DEATON MEDI		INTER				BAL	TIMOH	RE			BAI	LTIMO	RE C	ITY
EC	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSI	DE CITY
PH	MARYLAND	BALT	IMORE			CA	ATON	SVILI	LE				- 1	LIMI	TS?
AL	10e. STREET AND NUMBER						10	r. ZIP COD	E			10g. Ci1	TIZEN OF V	VHAT COU	
BY FUNERAL	715 MAIDEN	CHOICE	LANE -	HV-322	2			212	228			U.	S.A.		
5 5	11. MARITAL STATUS	ero ero ero	12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DE	CENDENT (	OF HISPAI	NIC ORIGIN?	(Specify Yes	or No-	14. RACE	— Americ	an Indian,
7	1 Never Married 2 X 3 Wildowed 4 Divo		IF YES, OIVE V					2 X NO		n, Puerto Ric y:	en, etc.)		Speci	k, White, et	
														W	HITE
COMPLETED	(Specify only	EDENT'S EDUC	completed)		(Give kind of life. Do NOT u	work done	during m	ON ost of worki	ng	16b. F	IND OF BUS	BINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0 12TH GRADE	-12)	College (1-4 or 5	+)	HOMEN						ŀ	OMEN	MAKIN	IG	
MO	17. FATHER'S NAME (First, Mi	ddle, Last)						16 MOT	NEO.G NA	ME (First, Mic					
Ö	JACOB MORY									ES ROI		Surname)			
BE	19a. INFORMANT'S NAME (7)	rpe/Print)			196. MAILING	ADDRES	S (Street	and Numbe	r or Ruml	Route Number	City or Town	n State Zi	in Codel		
5	JAMES A. MA	RES			715 N	1AIDI	EN C	HOICE	E LAI	NE - H	IV-322	2-CA	CONSV	ILLE	·M2228
	20a, METHOD OF DISPOSITI				CE AND DATE	OF DISPO	SITION (N	ame of		DATE			- City or To		21220
	4 Donation 6 Dother	(Specify)	IVEI Irom State	MOR	RELAND	CEMI	ETER	Y		2/2	BAI	TIMO	ORE		
	21. SIONATURE OF EUNERA	SERVICE LICI	ENSEE	, 1	1			ND ADDRE			(E T)	T.C.			
	1 /1	1011	~	A	142					AL HON AVENUE	-		DE MO	21	229
	23. PART I. Enter the di	seases, or co	omplications the	t caused the	death. Do i	not antai	r tha mo	oda of dy	Ing. auc	h se cerdie	c or read	ratory ar	reat.		proximate
	shock, or he IMMEDIATE CAUSE (Fin	eart fallure. L	List only one cau	ise on aach	lige.	)							11.00	Inte	ervsi Between
	disease or condition		Chronic	Obata	cuctiv	. D	1	1	D-i					i	
	resulting in death)		DUE TO	(OR AS A CO	NSEQUENCE O	= 1 U. F):	THOT	ary i	utse	ase				· Y	ears
z			ì,												
음	Sequentially list conditi if any, leading to immed	ilata	DUE TO	(OR AS A COR	NSEQUENCE O	F):									
CERTIFICATION	cause. Entar UNDERLY! CAUSE (Disease or Inju														
١	that initiated events reaulting in death) LAS		OUE TO	(OR AS A CON	NSEQUENCE O	F):								ì	
岜		- 0	l												
	PART II. Other significa	nt conditions	contributing to	death but n	ot reaulting	In tha u	ndarlyin	g cause	given in	Part I. 2	4a. WAS AN		24b.		OPSY FINDINGS
EDICAL	<u>Chronic Re</u>	nal Fa	ilure								YES 2				ON OF CAUSE
MEC	Sick Sinus	Syndr	ome									16		1 YES	
	DID TOBACCO U	SE CONTR	IBUTE TO CA	USE OF D	EATH YE	SI	NO [	JUNC	ERTAII	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. P	PLACE OF DEA										
YSI	1 TES 2 NO		1 Ninpetient 2	ER/Outpatien	nt 3 □ DOA	4 Nu		10 5 🗆 Re	esidence	6 🗆 Other (	Specify)				
F	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIM	E OF URY	WC	JURY AT ORK?		26d. DESC	RIBE HOW IF	NJURY OC	CURED		
B		nvestigation				M	1 🗆		NO						
		Could not be	26a, PLACE O building,	etc. (Specify)	it home, farm,	Hreet, fac	tory, offic	•		28f. LOCAT City or	ION (Street a Town, State)	nd Numbe	r or Rural R	loute Numb	ec,
<u>L</u>	20- 050715150														
			CIAN: To the best of												
COMPLETED			R: On the basis of a	xamination and	f/or investigation	n, in my	opinion, c	leath occur	red at the	time, data er	nd place, and	d due to t	he cause(a	) and mann	ner as stated.
BE (	29b. SIGNATURE AND TITLE	OF CERTIFIER	,00,	رکس					ENSE NUI			29d. DAT	TE SIGNED	(Month, Da	y, Year)
2	100-	(1)						D	3/13	36		1	FEB	1,1	996
	30. NAME AND ADDRESS OF							_							
	Brian C. Wal		M.D. 6.	LI S. (	Charle	s St	reet	Ba.	ltim	ore,	Maryla	and	2123	30	
	FEB 0 719	. /	de description	-Radal	t										
	1 1 D U 1 1.7.	10 :1:			7										

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State of Maryland / Department of Health and Mental Hygiene 6 02927

						Cert	ificate of	Death			Reg. No.	0 2	
			me (First, Middle, L	ast)						2. Date of Dea	ath	Will.	3. Tima of Death
	sician	The second second second	7) 3/	MODI	WOOD					Month FEBRUA	Dey RY 4 19	Yaar 96	8:50 p.
1	edical miner	4e. Fecility Neme		ive street and number				4b. City, To	wn, or Loc	cation of Deeth			0.50 p.
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rland		10a. Stete	10b. County		10c. Cify, To							1	Od. Inside City Limits
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the 28	8	10e. Street and N	umber				10f. Zip Code				10g. Citizen of \	Mhat Coun	tar2
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aath 23	Funeral Director	1033	W. Halk			40.114			1.0.40		144.70		
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If a last 15-0020 filed within 72 hours after death with the Menyland Hygiene. Hyer than "netural", or items 23a or 28a-f show wit, the Medical Exerciper must be notified at	2			Year or Dete		11 - 127 117		0					
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d within 72 hours aft giene. In Medical Exerci-	8	Elementery/Sec		College (1-4d	or 5+)		orer	u)			011 101	. i T	0.5.
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Mental I	B			,							Meiden Suman	10)	
should and Men marks	2			ood, Sr	•			CI	ara	Stark	S		
- C		19e. Informant's f	leme/Reletionship	(Type, Print)	1	_	Address (Street						Code)
1 and Health am 27		Sadie	Norwoo	od		1835	W. Mu	ulber	ry S	St. Ba	1to.,	MD	21217
Man Han		20e. Method of Di	•	75		of Disposit	ion (Name of tory or other ple	ce)		Dete	20c. Location -	City or To	wn, Stete
Peges nent of I ant: If its			5 Other (Spec	☐Removel from Stell (fy)	Arb	utus	Memori	ial P	k i 2	2/10	Balti	more	e, Maryla
permit. Peges 1 ar Depertment of Hea Important: If Itam; any Injury or other	#	21, signature of F	unerel Service Lice	ensee		22.1	Neme end Addre	ss of Fecilit	ly				
A BE	BOOG	<b>)</b>	_	C' n/=			James A						Home
		23a Part Fola	the disease or our	nolications that arus	and the death of	lo not enter	1701 La	auren	s St	t. Bal	to., 1	1D 21	Approximete
		shock, of he	rt feilure. List onl	nplicetions thet claus y one cause on each	line.	O HOL BINDS	the mode of dyn	ng, such es	Cardiec of	respiretory er	rest,	1	Intervel Between Onset and Deeth
Physicia /Medic	-	Immediete Ceuse	/Final	. 0	1.	1 1	- 1		C .1				//
Examine		disease or conditi	on	· _ M	etas-	TATI	CLU	ng	CH	ricer			4 year
		Testiting in deeting			Due to (or es			J				i	
2 %	Examiner			b								1	
1 25	Kan	Sequentially list of it any, leeding to licause. Enter Und	onditions,		Due to (or es	e conseque	ence of):						
an all		cause. Enter Und	lerlyIng r Injury	•									
all 13	edical	Cause (Disease of thet initiated even resulting in death)	ts Lest	0.	Due to (or es	e conseque	nca of):					1	
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attend for us	an			d									
de si	Physician/	Pert II. Other sign	ificant conditions	contributing to death	but not resulting	In the und	erlying cause giv	ven in Pert I.		23b. Dld t	obacco use co	ntribute to	the cause of death?
at the d by the detache	P.									100	res 2□ No	3 Prot	bebly 4 Unknow
s the	by												
The law requires that the death of the law requires that the death of the stand page 2 should be detached for us										24a. Wes		24b. We	ere autopsy findings allebie prior to
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ne law s has	Completed									100	- Althu		
ysician: The li is certificate ha director, page		05 146	and the second section	T						1 U Y		11	]Yas 2□ No
Attending Physician: or death. ector: After this certific by the funeral director,	Be	25. Wes case refe examiner?		Hospitel:			all post Oth	or.		(Check only o			
this aldi	J.	1 Yes 25	(No	Inpa		Outpatient	3LI DOM	4LI NU			ence 6 Oth		1)
ing in	- Lo	1 Netural	5 Pending		Day Year) 28t	. Time of Injury	28c. Injur Wor			8d. Describe h	ow Injury occur	red	
tending Ph leath. for: After thi	cat	2 Accident	Investigetion 6 Could not I				M 1 🗆	Yes 2□!	No				
or Attending Physician: The law requires the after death.  Director: After this certificate has been signed in by the funeral director, page 2 should be d	=	3 Sulcide 4 Homicide	determined	209. Plece of I	njury - At home, etc. (Specify)	ferm, stree	t, fectory, office		2	8f. Location (S City or Tow		er or Rura	I Route Number,
die de	Certification:						*						
To the Hospital or Attendiwithin 24 hours after death.  To the Funeral Director: A completely filled in by the fu	Cal	29e. Certifier (Check only	1 Certifying P	hysician: To the bes	st of my knowled	ge, deeth o	ccurred et the tir	me, dete en	d pleca, e	nd due to the d	euse(s) end me	enner es st	ated.
he H in 24 he Fi	edical	one)	2 Medical Exa	minar: On the basis end menner	steted.	end/or inves	stigetion, in my o	pinion, deel	in occurre	d at the time, t	lete and piece,	and due to	the cause(s)
To the	Σ	29b. Signeture and	Title of certifier	7)			29c. Licens			1	29d. Dete signe	d (Month, I	Day, Year)
ر مے		1	HIGH	en, my	)		102	520	5		2/5/96	,	
5		30 Name and edd	ress of neglect when	contributed cause of	I death (Item 22	(Time S	(nt)						
		IAI A	RITON	contributed cause of GBN	11 C /	76 /	N. Cho	ules s	7. 1	BALto.	ind 2	2/20	×
	State	31. Date tiled (Mo	oth, Dev. Year)	32 Renie	strer's Signeture							- /	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR

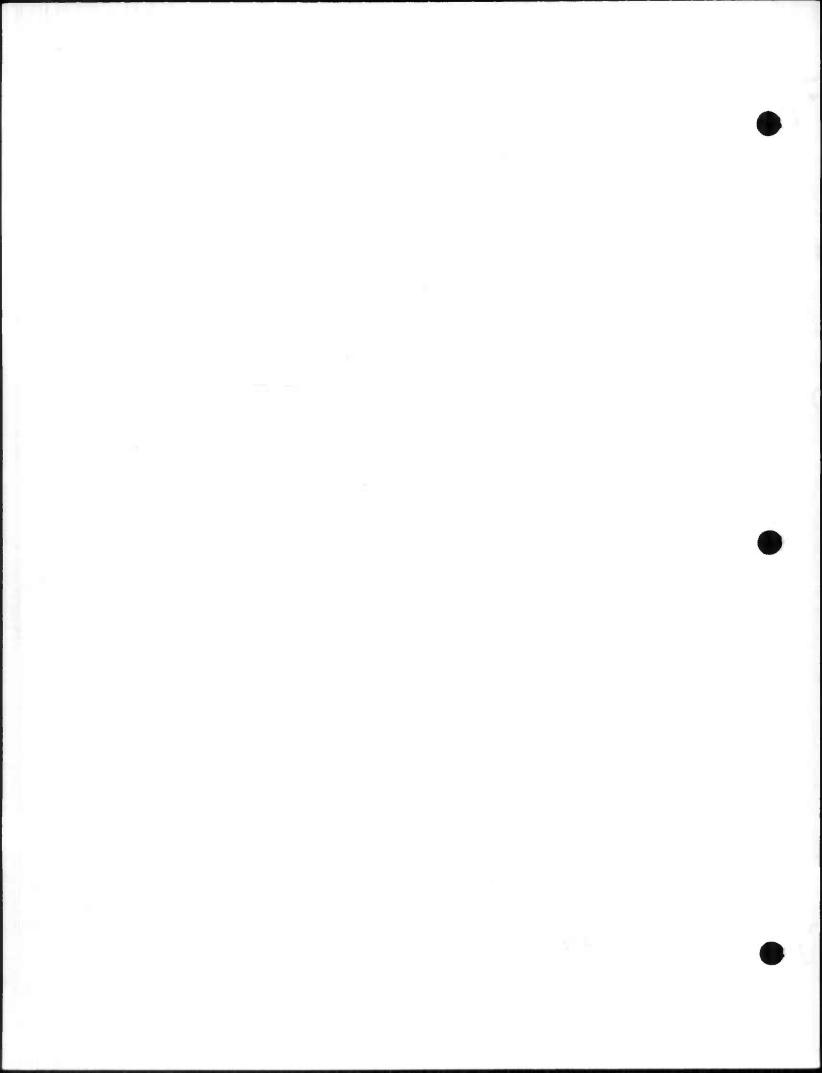
	4. SOCIAL SECURITY NUM	as G	eorge 0	Ne 11 6. AGE (in yr	rs. lest birthday)			44.4-	E OF BIRTH oth, Day, Year)		9 6 s. BIRTI	09.	
-1	191-36-130		1 X M 2 - F	51	50 YRS.	MONTHS DAY		Jar	30,1	945	Peni	nsylva	nia
OR	9a. FACILITY NAME (# not 3306 Bet	terto		2			n or Location	OF DEATH			rfor		
DIPECTOR	PESIDENCE OF DE	10b, COUN	egheny			TY, TOWN OR LO				7		10d. INSIDI	37
ERAL	10e. STREET AND NUMBE	R		ъ.			101. ZIP CODE	7 7				WHAT COUN'	IRY?
BY FUNE	P.O. Box  11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Dr	XMarried	Heckert  12. WAS DECEDEN FORCES? 1 IF YES, GIVE W Vietnam	YES 2	2 NO	If yes,	DECENDENT OF I	HISPANIC ORIG			U.S.A 14. RAC Blec Spec	E — America ok, White, atc.	
ETED	15. DI (Specify of Elementary/Secondary	ECEDENT'S EC	OUCATION ide completed)  College (1-4 or 5 -		(Give kind of	S USUAL OCCUP! I work done during use_retired )	ATION most of working		eb. KIND OF B			Missio	ns
COMPL	12th grade			-	Constr	uetion-		-	Consti	ructi	on G	<del>0</del> .	
BE C	Edgar		O'Nei	.11	l Comment		Emm			Mo1			
2	Sharon Swa		'Neill (W	ife)		Box 25						Pa. 1	5007
	20a. METHOD OF DISPOS 1 X Burlel 2 Crema 4 Donation 6 Oth		moval from State			other place) Cemete		2/6/		ocation – lensh		own, State Penns	ylvar
	21. SIGNATURE OF FUNE	RAL SERVICE	LICENSEE	21	/	Sc	himunek W. MacP	Fune					
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RTIFICATION	ahock, or	ditions, nediate Ying plury	A Cute  B. ACUTE  DUE TO  ASCVD  DUE TO  C.	Coro O (OR AS A CO	h Ilma.	Artery OF):				piratory a	rreat,	App	roximata val Betw
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COMPLETED BY PHYSICIAN: MEDICAL	Abock, or IMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if sny, leeding to immicause. Enter UNDERI CAUSE (Disease or in the tinitiested eventa reaulting in death) Library 1. The condition of the condit	USE CON TO MEDICAL Pending Investigation Could not a determined ERTIFYING PH EDICAL EXAM TLE OF CERTII	A C U T E  B. AC U T E  DUE TO  B. AS C V D  DUE TO  C. DUE TO  C. DUE TO  d	COTO OORAS A CO OORAS	DEATH Y PLACE OF DE  At home, farm  DME  ONSEQUENCE  O	OF):  OF):	ying ceuse giv  UNCE (NJURY AT WORK?  YES 2   I	ease  ren in Part i.  RTAIN X  dence 6 0 0  28d. i  NO  28f. t  set the time, d  SE NUMBER  O C M E	24a. WAS J PERF 1 YES  ther (Specify) DESCRIBE HOV OCATION (Stre- lity or Town, Sta	AN AUTOPSY ORMED? 2 X NO  W INJURY Or et and Numb rie)  29d. DA  29d. DA	CCURED per or Flural tasted.	Applints: Onse Onse Onse Onse Onse Onse Onse Onse	operation of the second of the

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BALTIMORE, MARYLAND 21215-0020

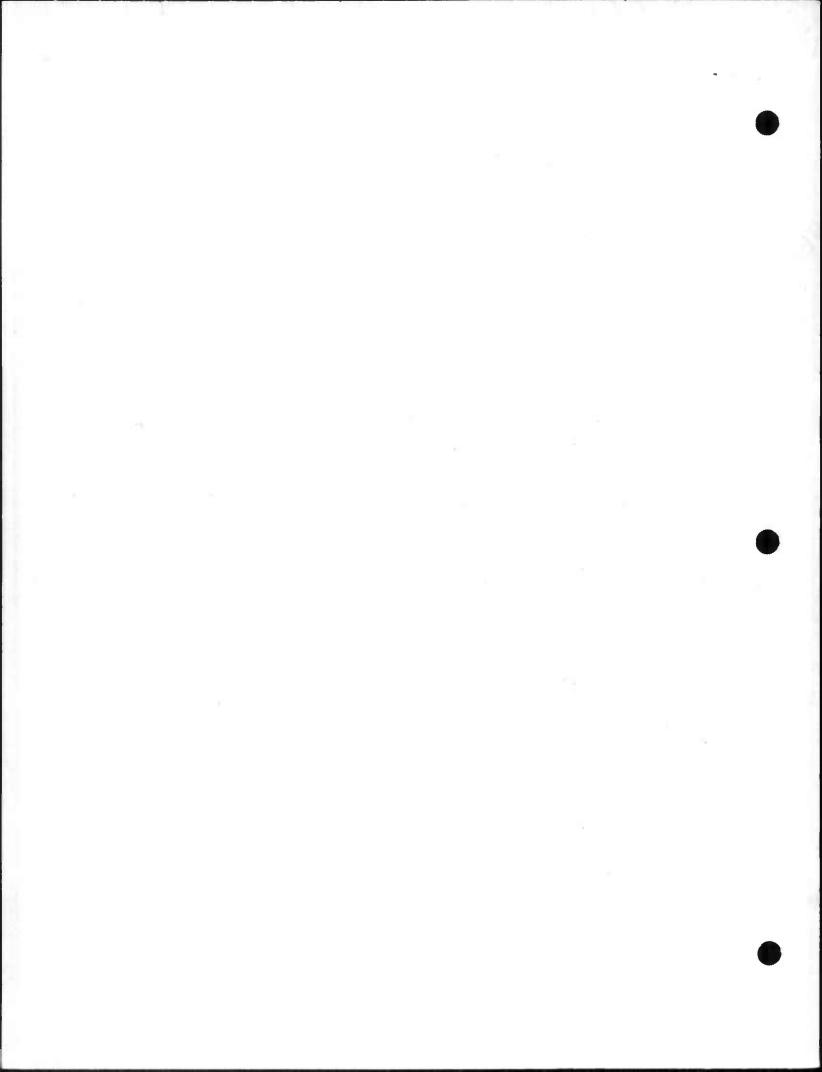
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE REGISTRAR		ND / DEPARTMENT CERTIFICATION	OF HEALTH AND	MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, A Thea C	, O'Bannor	1		2. DATE OF DEATH	29 198	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-36-07516		yrs, lest birthday) IF UNDER YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
LOR	9a. FACILITY NAME (II not institution, Liberty Me	edical Cent.	er B	atmore	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. C	OUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FERAL	3917 W.	Garrison An	e	101, ZIP CODE 2/2/3	5	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 — YES 2 NO Specifi	in, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
ETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION t grade completed)  Cotlege (1-4 or 5 +)	18a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU		
COMPL	12th grade 17. FATHER'S NAME (First, Middle, Le	3415	Technic	1027	ME (First, Middle, Maider		house
BE C	Herman	O'Brnon		Sad	Zadie (	Cheatha	
2	DOROTHY O	Bannon	3917 W	(Street and Number or Rural I	ALM NILL	rn, State, Zip Co	to Md 21215
	20a METHOD OF DISPOSITION  1 Surlet 2 Cremation 3   Donation 5 Other (Specify,	Removal from State ceme	PLACE AND DATE OF DISPOS tery, crematory or other place)	SITION (Nagra of	DATE 20c. LC	CATION — City	
	21. SIGNATURE OF FUNERAL SERVI			NAME AND ADDRESS OF FA		West	, Ud. Zizis
	23. PART I. Enter tha diseases shock, or heart failing in the shock of	DUE TO (OR AS A C	dakins Ly		h aa cardlac or resp	Iratory arreat	Approximata Interval Betwee Onset and Date 1 Year
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	12 0-	CONSEQUENCE OF):	Avvest			IO days
MEDICAL C		ditiona contributing to deeth bu			Part I. 24s. WAS AN PROFICE 1 MY YES :	RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO
SIAN:	25. WAS CASE REFEREND TO MEDIC EXAMINER?		8. PLACE OF DEATH (Check	only one)	1 2		
PHYSICI	1 YES 2 NO	1 In Inpetient 2 ER/Outpet	tient 3 DOA 4 Num	R: sing Homa 5 Residence 28c, INJURY AT			
BY PI	1 Natural 5 Pending 2 Accident Investiga	(Month, Day, Year)	INJURY M	WORK?	28d. DESCRIBE HOW	NJUNY UCCUM	:0
	3 Suicide 8 Could red	building, atc. (Specifi	- At home, farm, street, fact	ory, office	28f. LOCATION (Street City or Town, State)	and Number or F	lural Route Number,
OMPLE		PHYSICIAN: To the best of my knowled					usefe) and manner as stated
D BE CO	296. SIGNATURE AND TITLE OF CER	TIFIER M.J	D <sub>1</sub>	29c LICENSE NUM D4134		29d. DATE SH	SNED (Morth, Day, Year) UAN, 29, 199
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	Liberty +	leights.		21215
	31. DATE FILED (Month, Day, Year) FFR A 7 1991	2. REGISTRAR'S SIGNAT			1		



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the detacted for use as the burial-transf narmir. Panes 1.2.3 should be detacted for use as the burial-transf narmir. Panes 1.2.3 should	, or removal.  Predicts examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HIGSFIFM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to THE THE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be fled within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

	1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA CERTII	RTMENT	OF	DEAT	TH	MENI	AL HYGIE			
	1. DECEOENT'S NAME (First	Middle, Last)								2. DA	E OF OEATH			3. TIME OF DEATH
	Viola		C.	(	wens					MOI	ITH	DAY .	YEAR	10:30 A
	4. SOCIAL SECURITY NUME		5. SEX		yrs, last birthday	) IF UNDER	1 VEAD	IF UNDER	24 4420	Feb	E OF BIRTH		1996	
	200		1   M 2   F	93		MONTHS	DAYS	HOURS	MIN.	(Mo	orth, Day, Year)		Gountry,	
	389-44-1807			93	) Tha.						i. 18,	1902		Wisconsin
_	9a. FACILITY NAME (If not in							OR LOCATIO	ON OF DE	EATH		100	NTY OF OE	
DIRECTOR	5371 Flight		ner			CC	olum	bia				H	oward	
ត្ត	RESIDENCE OF DEC	10b. COUNTY	,					-						
Ē					1	TY, TOWN (		TION						10d. INSIDE CITY LIMITS?
	MD	Hov	vard		Cc	lumb	ia							1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER							. ZIP CODE				10g. CIT	IZEN OF WI	IAT COUNTRY?
	5371 Flight	Feath	ner					21045	5			U	SA	
5	11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U	J.S. ARMEO						SIN? (Specify Y	es or No-	14. RACE	- American Indian,
	1 Never Married 2		FORCES? 1	YES	2 MO			ecify Cuba			o Rican, etc.)		1111111111	White, etc.
BY	3 ₹ Widowed 4 □ Divo	rced			-			I M	орисп	γ.			Specify	White
COMPLETED	15. OEC	EOENT'S EOU	CATION	1	IGA. OECEOENT	S USUAL O	CCUPATIO	ON		1	Sb. KINO OF BI	USINESS/INC	DUSTRY	
<b>5</b>	Elementary/Secondary (0	r highest grade	College (1-4 or 5		(Give kind or life. Do NOT	work done ( use retired.)	during mo	ast of workin	g					
4	12	,	3	"	School	Teac	cher				Educat	ion		
٦ ا	17. FATHER'S NAME (First, M.	iddle, Last)					_	10 MOTE	EO'C NA	ME /Class	, Middle, Maide	n Cumana)	_	
ŏ	Albert Johr	Rieck	c					1			Boltz	n Surname)		
BE	19a, INFORMANT'S NAME (								_			-		
2		yperrrint)	(C)		19b. MAILIN	O ACORESS	(Street a	and Number	or Rural I	Ploute Nu	mber, City or To	wn, State, Zip		
- [	John Owens		(Son)		53/1	Filigi	IT F	eatne	er,	COL	umbia,		21045	
	20a. METHOD OF OISPOSITI		mel from State		LACEANODATE		ITION (Na	me of			TE 20c. L	OCATION —	City or Tow	n, Stata
	4 Donation 5 Other				ery, crematory or		v		2	161	96 Cat	onsvi	ille.	MD
- 1	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE		/			NO AOORES	S OF FA	CILITY				al Home
- 1		76	)	201										
_		relea		XX.	8									21045
	IMMEDIATE CAUSE (Fin	- 1			th line.		tire into	de of dyl	ng, auci	h aa ca	rdiac or res	piratory an	reat,	Approximate interval Between
EHIIFICATION	Sequentially list condition resulting in death)  Sequentially list conditi if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or injuthat initiated eventa resulting in death) LAS	ona, dilata NG		OR AS A CO	ONSEQUENCE (	on se					-		reat,	
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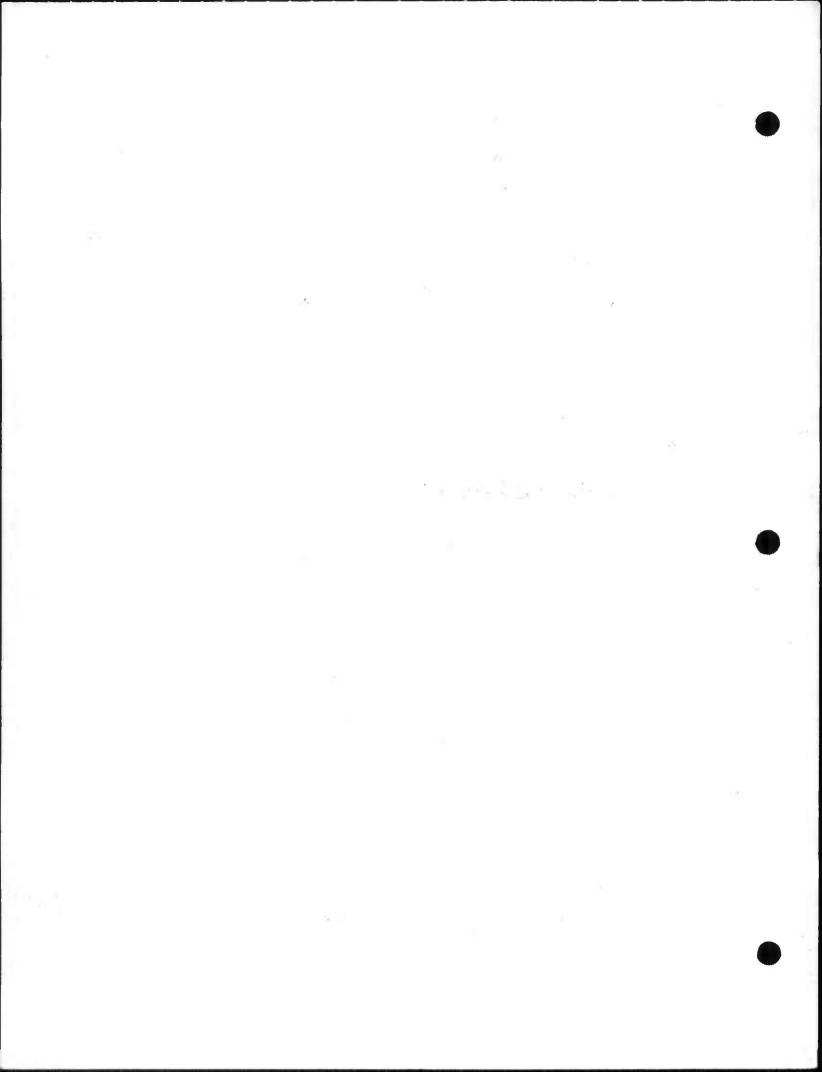
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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)			EN I II	ICAI	E OF	DEA	п	REG.			3. TIME OF DEATN
	THELMA		PRESSLE	Y					FEBRUAR	DAY	996	9:15 A.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In:	,	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	N	8 BIRT	HPLACE (State or Foreign
	220 14 8224  9e. FACILITY NAME (If not institution, give s	1 M 2 XF	70	YRS.					sept27			RYLAND
HC	JOHNS HOPKINS HOS					y, town o			EATN		UNTY OF	
5	RESIDENCE OF DECEDENT							,III		JBAL	I IMOI	RE CITY
DIRECTOR	MARYLAND	N/A		10e. CIT	ALT	IMOI	RE					10d. INSIDE CITY LIMITS?  1 YES 2 \( \square\) NO
FUNERAL	831 N. WASHING	TON STR	EET			101	212	05				F A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO			city Cube		IIC ORIGIN? (Specifin, Puerto Rican, etc.)			E — American Indian, ck, White, etc.
E	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON		16b, KIND O	F BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0-12)  N/A	College (1-4 or 5 d	-) life	RETI	se retired.)		st or worker	ig	HOUS	SEKEEI	PING	
	17. FATHER'S NAME (First, Middle, Last) NATHANIEL BRAN	СН			-		18. MOTI BER	THA	ME (First, Middle, MidWOODR)	alden Sumeme) )W		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e	nd Number	or Rural F	Toute Number, City of	r Town, State, Z	(ip Code)	
F	LEAH PRESSLEY		20b. PLACE	31 N	1. W	ASH.	LNGT	ON	ST. BAI	TO.,1	MDF	21205
	1 K Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		BALTI		En bloa	EMET	ERY		3/96 B	aLTIM	ORE	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	LEWI	S T. G	WYNN	L]		Τ.	GWY	NN FUN			
П	23. PART I. Enter the diseases, or o	omplicationa the	caused the de	eth. Do r		517 the mo	PAR de of dyl	ng, auch	EIGHTS n as cerdiac or s	AVE.	BAL,	PO MD Approximata
	iMMEDIATE CAUSE (Final	Liat only ona bau	se on each line	<b>.</b>								interval Between Onset and Daath
	diseese or condition reaulting in death)		trok	e								2 weeks
		DUE TO	OR AS A CONSE	OUENCE O	F):	a ~	-	2.	ease			n. parc
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO	OR AS A CONSE	DUENCE OF	): 1):	av		112	use			a weeks
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	ū										
TIF	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF	F):							
CE		1										
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to	death but not r	esulting	n tha u	nderlylng	ceuse g	ilven in		S AN AUTOPSY	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI									1 🗆 YE	S 2 NO		OF DEATH?
2	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	s 🗆	NO 🗆	UNC	ERTAIN	) X			1 - YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEAT	N (Check	only one)						
YSI	1 TES 2 NO	1 Ninpatient 2		□ DOA	4 Nu		5 🗆 Re	sidence	6 Other (Specify)	)		
	27. MANNER OF OEATH  1 X Netural 5 Pending	28e. DATE OF (Month, De		28b. TIM INJ	E OF URY	28c. INJU WOI	RK?	1 NO	28d. DESCRIBE N	OW INJURY O	CURED	
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	treet, tec			, NO	28t. LOCATION (SI	reet end Numbe	er or Rural I	Route Number,
TE	4 Homicide determined	building,	etc. (Specify)						City or Town, S	Stere)		
COMPLETED		CIAN: To the best of										e) end manner as stated.
- 11	29b. SIGNATURE AND TALK OF CERSIONER		The state of the s	veeligetto	o, ai my (	улиноп, он						
BE		/	M	0			29c. LICE	LZ 3	BER C		, )	(Month, Day, Year)
2	30 NAME AND ADDRESS OF BEREAL PAR		Z	1.00			1.00	0 >	23	1	enin	an, 3 1996



30. NAME AND ADDRESS OF PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAN SIGNATURE

31. DATE FILED (MODIL), DON 1991)
FEB 0 11996



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

				FICATE C		_				
	1. DECEDENT'S NAME (First, Middle, Last BYRON	PANTAZ	LONIS			2. DATE OF MONTH	DA	-5, 19	YEAR 12:20	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)			7 DATE OF	DIDTH	1	BIRTHPLACE (State or Fore	
	216-50-4431	13∕□ M 2 □ F	47 YRS.	MONTHS DAY	YS HOURS MIN.	Nov.	14, 1	948	Virginia	
	90. FACILITY NAME (If not institution, give			9b. CITY, TOY	WN DR LOCATION OF D				TY OF DEATH	
O.	5105 Fait Avenu	е		Bal	timore		- 1	N/	A	
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY	100 01	TY, TOWH OR LO	OCATION				1	
DIRECTOR	Maryland N	/A	1.00.0	Balti				10d. INSIDE CITY LIMITS? 1 YES 2		
	10e. STREET AND NUMBER	,			10f. ZIP CODE			10o CITIZE	EN OF WHAT COUNTRY?	
FUNERAL	5105 Fait Avenue				21224				S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS	DECENDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No- 1	4. RACE — American Indian	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y			t, specify Cuben, Mexica YES 2 X NO Specif		en, etc.)		Specify: White, etc.	
ED B		1								
ETE	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give kind of life. Do NOT of	work done during	PATION g most of working	16b. K	IND OF BUS	INESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Artist	ŕ			C117 + 11	ral A	rte	
COMPL	17. FATHER'S NAME (First, Middle, Last)		112020		18. MOTHER'S NA				1 00	
ш	Evangelos Panta	zonis				ka Sc				
0	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILIN	G ADDRESS (Stre	eet end Number or Rural					
2	Aris Pantazonis				ood Ave.,					
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rai	moval Irom State	20b. PLACE AND DATE	DF DISPOSITION	N (Name of	DATE	20c. LOC	CATION — CH	ty or Town, State	
	4 Donation 6 Other (Specify)		Oak Lawn					timor	e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	,	Mat.	thews Fune	eral H	ome			
8.	Church.	marches	2					imore	, Md. 21224	
		DOE TO (OH A	S A CONSEQUENCE O	OF):						
TIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death). I AST	c	S A CONSEDUENCE O							
RTIF	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
EDICAL CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cOUE TO (OR A	S A CONSEDUENCE O	DF):	lying ceuse given in		PERFORI	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A	S A CONSEDUENCE O	OF): In the underl		_   '	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAL	
MEDICAL CERTIFI	If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions to the conditions of the cause of t	d. DUE TO (OR A	S A CONSEDUENCE O	In the underly	UNCERTAIL	_   '	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
YSICIAN: MEDICAL CERTIFI	If smy, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL:  1   Inpetient 2   ER/O	OF DEATH Y  26. PLACE OF DEA	In the underline In the	UNCERTAIL	_   ¹	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
SICIAN: MEDICAL CERTIFI	If smy, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER DF DEATH	DUE TO (OR A d.  TRIBUTE TO CAUSE HOSPITAL:	OF DEATH Y  26. PLACE OF DEA  DUIPMENT 3 DOA	ES NO  NTH (Check only of  OTHER:  4 Nursing 1  WE OF 28c.	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?	8 - Other (3	PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL CERTIFI	If smy, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation	DUE TO (OR A  d	OF DEATH Y  26. PLACE OF DEA  Dulperlent 3 DOA  TY  28b. Tiff	ES NO  NTH (Check only of  OTHER:  4 Nursing I  ME OF  ME OF  JURY  M 1 [	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?  YES 2 NO	8 Other (3	PERFORM  YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO	
Y PHYSICIAN: MEDICAL CERTIFI	If smy, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending	DUE TO (OR A  d	OF DEATH Y  26. PLACE OF DEA  TY  28b. TII	ES NO  NTH (Check only of  OTHER:  4 Nursing I  ME OF  ME OF  JURY  M 1 [	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?  YES 2 NO	8 Other (3 28d, DESCE	PERFORM  YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO	
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	If smy, laading to immediate cause. Entar UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYS	DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  280. DATE OF INJUR (Month, Day, Yea  280. PLACE OF INJUB building, etc. (S	OF DEATH Y  26. PLACE OF DEA  Try  All home, lerm, specify)	ES NO ATH (Check only of OTHER: 4 Nursing to ME OF Street, Jectory, of	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  offlice	8 Other (S 28d. DESCR 28l. LOCATI City or	PERFORM YES 2 Specify)  DN (Street er fown, State)	MED?  MURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If sny, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1   Inpatient 2   ER/O  28e. DATE OF INJUR (Month, Day, Yee  28e. PLACE OF INJUR building, etc. (S	OF DEATH Y  26. PLACE OF DEA  Try  All home, lerm, specify)	ES NO ATH (Check only of OTHER: 4 Nursing to ME OF Street, Jectory, of	UNCERTAIL  Home 5 Residence INJURY AT WORK?  YES 2 NO  offlice  date end place, and due in, death occured at the	8 Other (3 28d. DESCR 281. LOCATI City or to the cause time, date an	PERFORM YES 2 Specify) DN (Street er fown, State)	MED?  MURY OCCUI  And Number or  There es stated.  I due to the c	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO  RED  Rural Route Number,	
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If sny, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  DETERMINENT  DETER	OF DEATH Y  26. PLACE OF DEA  TY  28b. TIM  IN  JRY — All home, lerm, specify)  nowledge, death occurrent on end/or investigets	ES NO NTH (Check only of 1 Nursing Is 4 Nursing Is ME OF 28c. JURY M 1 street, lectory, of 1 Nursing Is street, lectory, of 1 Nursing Is	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  Office  date end place, and due in, death occured at the	8 Other (S 28d. DESCR 28l. LOCATI City or to the cause time, date an	PERFORM YES 2  Specify)  NIBE HOW IN  ON (Street er  Town, State)  (e) end menr  d place, end	JURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  ceuse(e) and menner ee stat	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If smy, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  27. MANNER DF DEATH  1 Netural 5 Pending Investigation and Suicide 8 Could not be determined 4 Homicide 8 Could not be determined (Check only one) 2 MEDICAL EXAMINER?  29b. SIGNATUBE AND TITLE DF CERTIFIER (Check only one) 1 CERTIFIER (Che	DUE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  d.  DIE TO (OR A  DETERMINENT  DETER	OF DEATH Y  26. PLACE OF DEA  TY  28b. TIM  IN  JRY — All home, lerm, specify)  nowledge, death occurrent on end/or investigets	ES NO NTH (Check only of 1 Nursing Is 4 Nursing Is ME OF 28c. JURY M 1 street, lectory, of 1 Nursing Is street, lectory, of 1 Nursing Is	UNCERTAIL  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  Office  date end place, and due in, death occured at the	8 Other (S 28d. DESCR 28l. LOCATI City or to the cause time, date an	PERFORM YES 2  Specify)  NIBE HOW IN  ON (Street er  Town, State)  (e) end menr  d place, end	JURY OCCUI	AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO  RED  Rural Route Number,	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Day **Physician** PRINGLE KEGINA 5:10 AM 96 02 /Medical 4e. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner (niversite 10 8. Data of Birth (Month, Day, Year) 5. Social Security Number A Sev 7. Age (In yrs. last birthdey) If Under 1 Yaar If Undar 24 Hrs. 9. Birthplaca (State or Foreign Country) **Funeral** 17-70-1458 10M 20E Months Days Hours Director 704 2,1 Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Introportant: If Item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, if a Medical Examinar must be a surfaced page. 10b. County 10c. City, Town or Location Stata 10d. Inside City Limits 1 Yes 2 No 10 Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 215 unulew Funeral 12. Was Decedant Evar in U,S.
Armed Forces?

1 Yes 2 No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Stetus 1 Nevar Married 2 Married 1□ Yas 2√ No If Yes, Give Year or Dates: by Specify: Specify: a 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade complated) Elementary (Secondary (0-12) Collega (1-4or 5+) lursing Dietian tome A 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surnema) Be reot lanche Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1e-mother Balto, md Ave 5434 anche mulew 20b. Pleca of Disposition (Name of camatery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 2/2/96 1 Burial 2 Cremation 3 Removal from Stata Lion Cemete ansdowne, 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licenses larch 4300 wabus 23a. Parf. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disaasa or condition resulting In death) /Medical PNEUMONIA Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Undartying Cause (Disease or Injury that initiated avents reaulting in death) Last pug burtial-tran Due to (or as a consequence of) attending physician Physician/Medical 94 Dua to (or as a consequence of) 8 980 ò ed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b 5 page 2 should Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy been completion of causa of death? certificate has 1 ☐ Yes 2 No 1 ☐ Yes 2 No dinactor. 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 2 funeral Dete of injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Tima of Affac Certification: 5 Pending Investigation 1 Natural death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide

P.O. Box 68760. ž division of Vital Records, Attending after death 8 24 hours To the To To the To the I

Baltimore, Maryland 21215-0020

1 certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number

30. Name and eddress of person who completed (edse of death (Item 23a) (Type, Print)

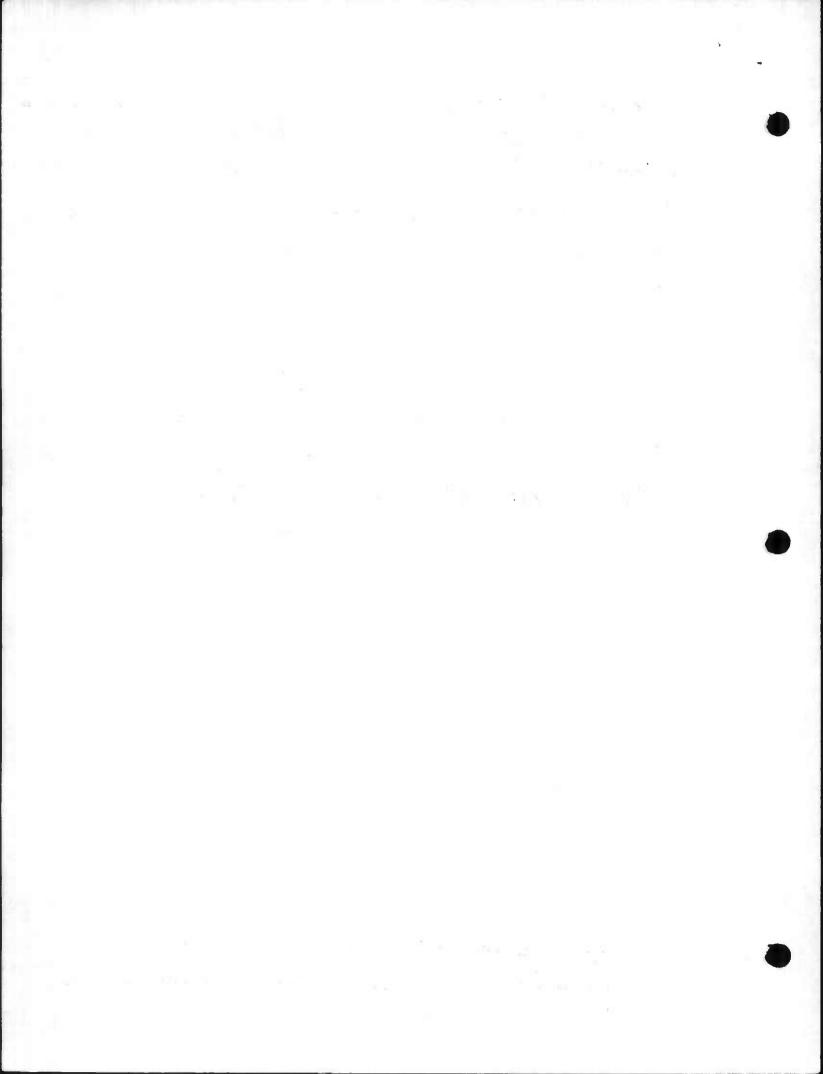
29d. Date signed (Month, Day, Year)

ZANGARA PAMD 2 32. Registrar's Signature 22 SOUTH GREENE ST, BALTIMORE MD 21201

State Registrar

Medical

31. Date filed (Month, Dey, Year) Millson Reviel 71996 FEB 0

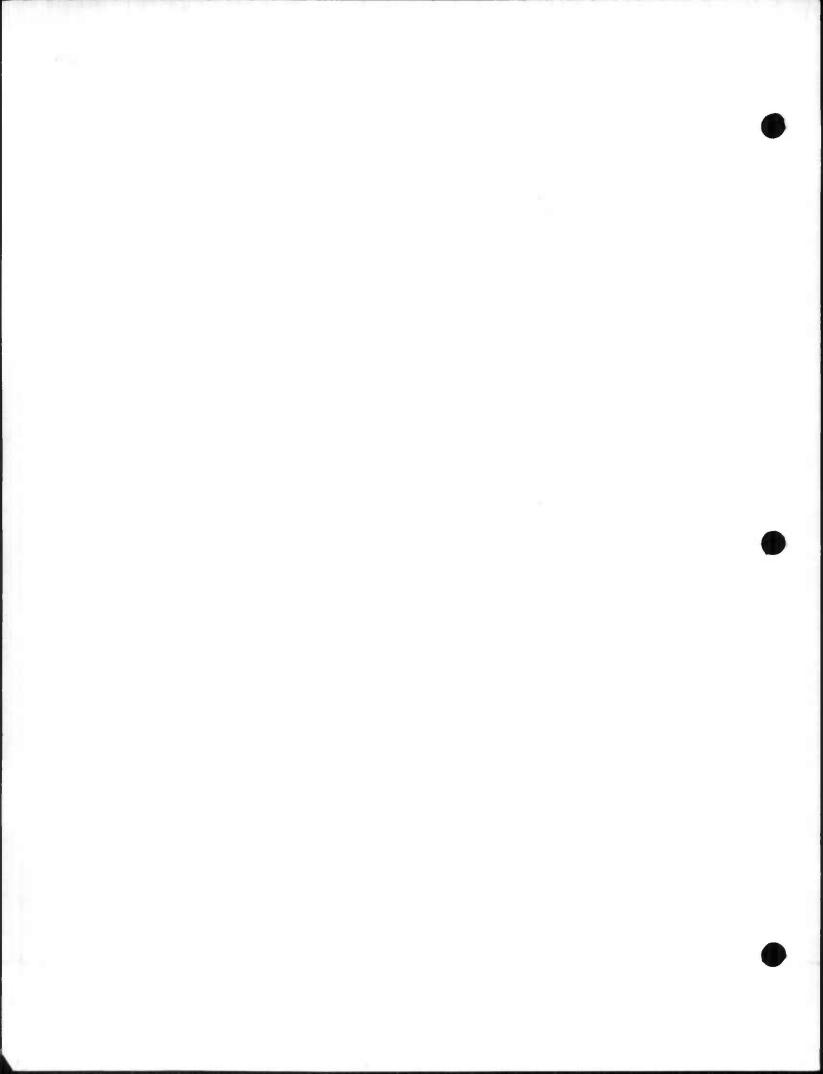


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	F. F. F. F. WERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit por manner of the funeral director, page 5 should be detached for use as the burial-transit por manner of the funeral director.	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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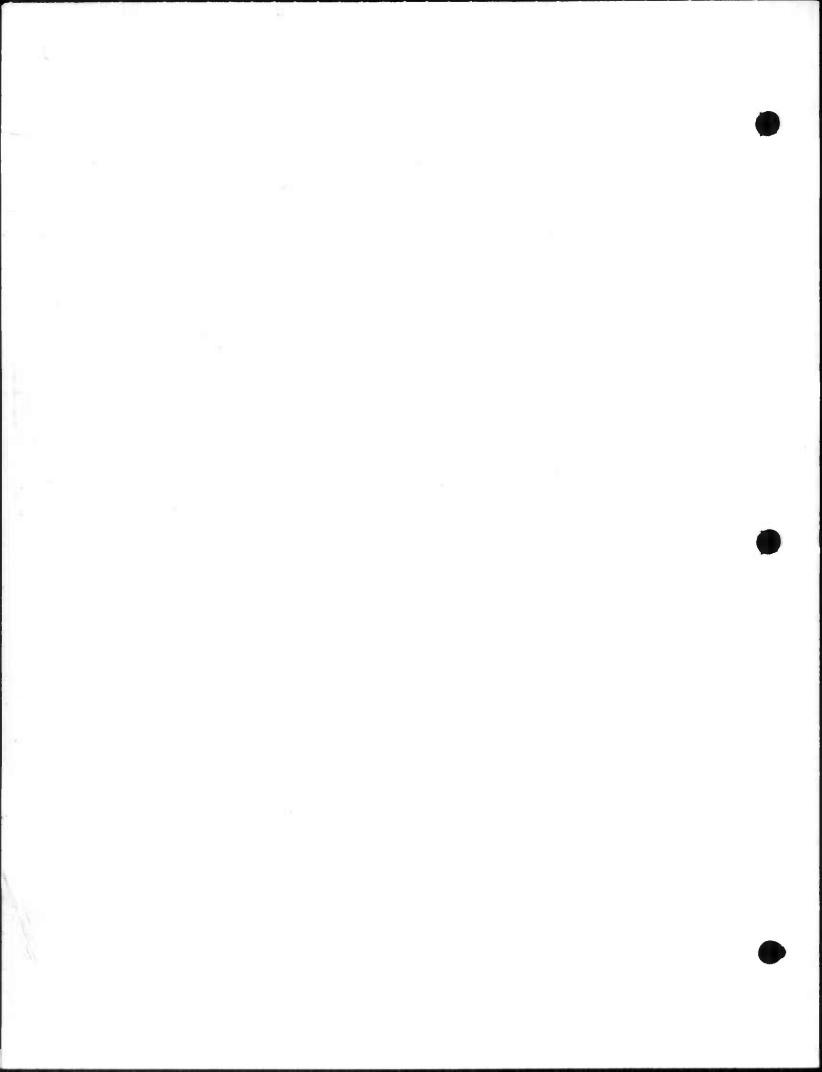
	1 - FOR STATE OF MARYLA	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Micking, Last)  VIOLA QUEEN	)	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH							
	010 10 00/1 1 N2 WE	n yrs. lest birthdey)	DEC. 29, 1910	8. BIRTHPLACE (State or Foreign Country) MARYLAND							
DIRECTOR	BON SECOURS HOSPITAL  BON SECOURS HOSPITAL  BALTIMORE CITY  BALTIMORE CITY  N/A										
	MARYLAND 106. COUNTY N/A	BALTIMORE CI		10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
FUNERAL	190.5 W. BALTIMORE STREET  11. MARITAL STATUS  12. WAS DECEDENT EVER IN	ALTIMORE STREET 21223 US.									
BY FU	11. MARNITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO If yes, specify Cuban, Mexic	can, Puerto Rican, etc.)	14. RACE American Indian, Black, White, etc. Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  DOMESTIC  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use redired.)  16b. KIND OF BUSINESS/INDUSTRY  UN // Norwy										
BE COI	17. FATHER'S NAME (First, Middle, Lest)  JOHN QUEEN	18. MOTHER'S N DELLA	AME (First, Middle, Melder Surname)								
TO B	19a. INFORMANT'S NAME (Type/Print) ALICE THOMAS  19b. MAILING ADDRESS (Street and Number or Flural Route Mumber, City or Town, State, Zip Code) 1905 W. BALTIMORE ST., BALTIMORE, MD. 21223										
	1 by Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify) NF.U	PLACE AND DATE OF DISPOSITION (Name of eter), cremetory or other place)  I CATHEDRAL CEMETERY	DATE 20c. LOCATION - CO								
	22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. 21223  23. PART   Enter the diseases, or complications that caused the distrib. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
CERTIFICATION	Approximate interval diseases, or complications that caused the disease or respiratory arrest, and ck, or heart failure. List only one cause on each life.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that letitated washes										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO  1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL HOSEPITAL: 1 VES 2 NO 1 Inpetient 2 ER/Output 27. MANNER OF DEATH 286. DATE OF INJURY	TO HOUSE TO HOUSE	8 🗆 Other (Specify)								
ED BY PH	1 Metural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be	28b. TIME OF RAJURY AT WORK?  At home, farm, street, factory, office fly)	28d. DESCRIBE HOW INJURY OCCU 281. LOCATION (Street and Number of City or Town, State)								
COMPLETE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the bests of examination	edge, death occurred at the time, date and place, and du and/or investigation, in my opinion, death occured at th	re to the cause(s) and manner as states								
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 2D (Typa, Print) / UAN AL	MBER 29d. DATE 0 2 6 3	SIGNED (Month, Day, Year) 2-03-96							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA	BALT, MD	21223								
	FEB 0 71996 The state of										



DHMH-16 Rev 1/89

HYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cuted within 2	d completely urial, crematic	ic event, th
cate be exec	hysician and e prior to bu	or traumat
leath certifi	attending p ntal Hygien	y, or other
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law requires	is been signed. Of Hea	23 shows
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OR ATTENC	Ours after o	tem 28 is
HOSPITAL (	HE FUNERAL DIRECTOR: After de Within 72 hours after de	IMPORTANT: If item 28 is marked,
TO THE	De filed	IMPOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC	IENT OF H	EALTH AND	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Marie Elizab	eth Rever				February	4, 199	AR			
	4. SOCIAL SECURITY NUMBER	BIRTHPLACE (State or Foreign									
	215-32-8929 1 M 2 M F 83 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Aug. 20, 1912 Mar  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DI										
DIRECTOR	Bel Forest Nursing & Rehab. Center  Besidence of Decement  Sec. County of Death  Harf										
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
P .	Maryland Harfo		LIMITS? 1 YES 2 NO								
FUNERAL	100. STREET AND NUMBER 202 1C Idlewild R	oad		100	21014		U.S.A	OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Y	es or No- 14.	RACE — American Indian,			
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO		2 NO Specif	in, Puerto Rican, etc.) y:		Black, White, etc. Specify: White			
LED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work	IAL OCCUPATIO	DN et al working	16b. KIND OF B	USINESS/INDUST				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	tired.)		F	D.	_			
OME	17. FATHER'S NAME (First, Middle, Last)	2 years	Private	Secre			rson Dru	ıg			
	Robert Flashell					ME (First, Middle, Maide insberg	n Sumame)	71			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS /Street a		Route Number, City or To	was State Tip Con	(-)			
5	Edith M. Lutz (Da	ughter)						Md. 21084			
	20a METHOD OF DISPOSITION 1 Å Burlel 2 Crematton 3 Ramo 4 Donatton 5 Other (Specify)	vet from State 20b.	PLACE AND DATE OF D etery, crematory or other rdens of	ISPOSITION (Na		1	OCATION — City				
	21. SIGNATURE OF FUNERAL SERVICE LIFE	Number /	ituens of	22. NAME AN	D ADDRESS OF FA	CILITY		, Maryland			
	* What	nets						Air, Inc. , Md. 21014			
	23. PART I. Enter the diseases, proceedings I	omplications that caused	the death. Do not	enter tha mo	de of dying, auc	h as cardiac or rea	piratory arrest,	Approximeta Interval Between			
	IMMEDIATE CAUSE (Final										
	disease or condition a. M. o condition a. Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	11411	(41			year			
<b>8</b>	cause. Enter UNDERLYING CAUSE (Disease or Injury	M.	Hirle o	Lechi)	Ly						
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
띩	resulting in death) LAST										
¥.	PART II. Other significent conditions	contributing to deeth be	ut not resulting in the	ne underlying	cause given in	Part I. 24s. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 YES		COMPLETION OF CAUSE OF DEATH?			
ž.	DID TOBACCO USE CONTR	IDLITE TO CALICE O	E DEATH VEC		I I I I GEDTA II	- <del>-</del> -		1   YES 2   NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (		UNCERTAIN	141					
Sic		HOSPITAL: 1 D Inpetient 2 D ER/Outp	Of	HER:	5 Decidence	6 Other (Specify)					
Ĭ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	JRY AT	26d. DESCRIBE HOW	INJURY OCCURE	ED .			
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, real)	INJURY	M 1 N							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	l, tactory, office		281. LOCATION (Street City or Town, State		ural Route Number,			
9	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowl	ados deeth occurred at	the time date							
COMPLETED		On the beels of exemination						use(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	rdu 1	n		29c. LICENSE NUN	ABER	29d. DATE \$10	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	1/2/	Rel Au	nd.	211 1	012/10/11			
	31. DATE FILED (Month, Doy, Year) FEB 0 7 1996	32. REGISTRAR'S SIGNA	ATURE	(///	10 16	100	WM	· Ad 2 (0/4			
- 11	FFD () / INUK 1/6/6	A [4] [5] A A A A A A A A A A A A A A A A A A A									



Item16b 2-7-96 FilmG732 W.H.Per F/H
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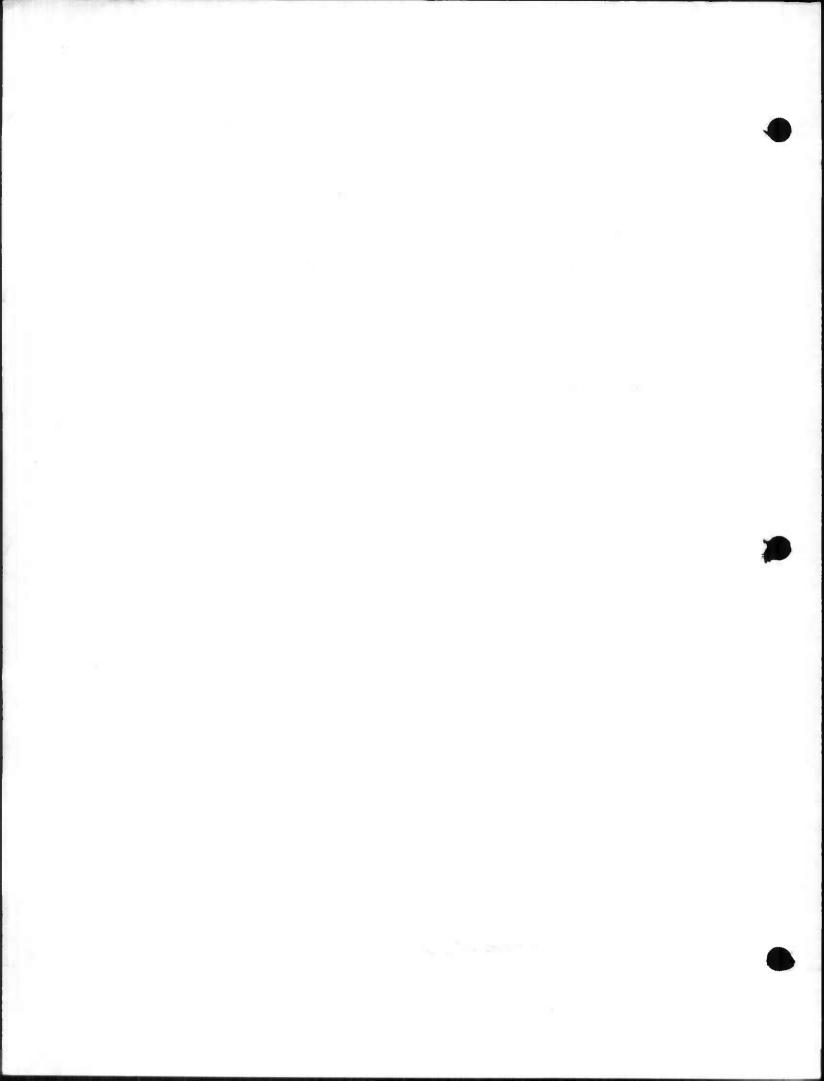
State of Maryland / Department of Health and Mental Hygiene 96	02
Certificate of Death	

							C	ertifica	te of	Death		F	eg. No.		
F	Dhuoin	ion										2. Date of Dee Month	th Dev Year		
-	Physic /Medi											Feb.	4	1996	10:10 A
7	Exami	ner	4a. Facility Neme (If not Institution, give street and number)  Sinai Hospital						4	Ba1	time	ocation of Death	eath 4c. County of Death N/A		
	Funeral Director		5. Social Security N 216-18-3		6. Sex 1 ☐ M 2 ☐	Photo I	(In yrs. last birthda 78 Yrs	Months	Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, Day May 8	Year) 1917		lace (Stete or Foreign try) land
	pug *		Usuel Residence of 10a. Stete	Decedent 10b. Count	v	1	I Oc. City, Town or	Location						1	0d. Inside City Limits
	se-f sho	Director	MD		N/A			imore	•						1 Tyes 2 No
	th with the	al Dire	10e. Street end Nur 4701		rest Pa	ark A	venue	10f. Z	Code 21	207		1	0g. Citizen o	What Coun	try?
020	72 hours after death with the Maryland natural, or itema 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 Never Merri		rried 1 1 1	Decedent Eved Forces? Yes 2 Nos, Give	er In U,S. 1	3. Wes Deci if Yes, sp 1 Yes		ilspenic Ori en, Mexicar Specify:		ecify Yes or No- Rican, etc.)		ece - Americ eck, White,	
21215-0020	5 1.8	Completed	(Spec	ify only high	nt's Education est grede comple	sted) ge (1-4or 5+)	(G	cedent's Usive kind of w	ork done	durina mos	st of work	ing	16b. Kind of		
	filed withir Hygiene. ther than	Com	12tl	1		go (1-401 5+)		Entre	pre						COLC
Maryland	should be filed nd Mental Hygi marked other imatic event, I	To Be	17. Fether's Neme		, Last)							Sneed	Meiden Sume	eme)	
Man	C a a		19e. Informent's Ne												code) 20019
ore,			20a. Method of Disp	position			20b. Pleca of Di		me of		1	2 /g	20c. Location		
altimore,	permit. Pages Department of I Important: If its any injury or of		4 Donetion  21. Signeture of Fu	5 Other (		rom Stete	MD. Na					Park	Laure	el,Ma	ryland
Ba	Depariment of the contract of		23a Pert1, inter the	200	1 U.	het caused on each line	death. Do not	4600	I O.	DYE ERTY	TT 8	IGHTS 2	VE.		ME, INC, MD2120 Approximete Intervel Between
2	Physician /Medical Examiner		Immediete Ceuse ( diseese or conditio resulting in death)	Finel	θ		card	0 -	M	ymy	Hr	, ar	M	Y	2MS
	HES	Je.				Di	ue to (or es e con	sequence of	: V	line	urd	IN N	Hara	15	
	and and II-transi	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Lest  Due to (or es e consequence of):							jour					
K 68760,	law requires that the death certificate be executed as been signed by the attending physician and 2 should be detached for use as the bunal-transit	Medical E								nce of):					
Box	attendin	clan/	Cod II Other should		0.										
, P.O.	that the dended by the	y Physician	Pert II. Other eignif	MI	y can	uting to deeth but not resultIng In the underlying cause given In Pert I.				23b. Did tobacco use contribute to the cause of death?  1 Vee 2 No 3 Probably 4 Unknown					
Records,	e law requires that has been signed I ge 2 should be det	Completed by		m	pue	lung	des	lse				24e. Wes e		60	ere autopsy findings eileble prior to mpletion of cause deeth?
al R	The ate h	Соп										1□ Y	es 2 No	10	Yes 2□No
Vital	Physicien: The this certificate ral director, pag	Be c	25. Wes case reference examiner?		Hospitel:	-			OA Oth	or		h (Check only or			
of	ng Ph fter thi nneral	ion: To	27. Menner of Deetl	5 Pend	ing (	1 Sinpatient Dete of Injury Month, Dey 1	28b. Time	of	28c. Injur Wor	4 14		ome 5 Resid			V)
Division	Attender death	Certification:	2'☐ Accident 3 ☐ Suicide 4 ☐ Homicide	6 Could	mined 289. F	Pleca of Injury building, etc.	/ - At home, ferm, (Specify)			160 2	140	28f. Location (S City or Tow		n <i>ber</i> o <i>r Rur</i> a	I Route Number,
1	To the Hospital or within 24 hospitalite To the Funeral Direction completely filled in	edical (	29e. Certifier (Check only one)	1 Certifyi	I Examiner: On ti	o the best of r he basis of ex menner stete	my knowledge, de xaminetion end/or d.	eth occurred Investigetlo	et the tin	ne, dete er pinion, dee	nd plece, oth occur	end due to the d red et the time, d	ause(s) end r late end plece	nanner as si e, end due to	eted. the cause(s)
	To the within 2 To the comple	W	29b. Signeture end	title of contill	m 71	h. 11	Cerily	16	nc. Licens	e number	2	4	2/4/	ned (Month,	Day, Year)
			30. Neme and edd	ot person	who completed	cause of dee	th (Item 23e) (Tyl	e, Print)	861	1) L	Lei	to Roy	Sel 0	land	allston
	Sta Registi		31. Dete filed (Mont	h, Dey, Year	7 1996	32. Registrer	s Signeture	111	0 70			1		-	Allsonn 2-1133
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VISION	

	1 - FOR STATE OF MARYL REGISTRAR		ENT OF HEALTH AND I	MENTAL HYGIEN	E							
	1. DECEDENT'S NAME (First, Middle, Last)  TERESA RAVENT	ELL		2. DATE OF DEATH MONTH DA	96	3. TIME OF DEATH						
	4. 90CIAL SECURITY NUMBER 5. SEX 8. AGE 1 M 2 X F 3 (	1959	Maryland									
TOR	9e. FACILITY NAME (If not institution, give street and number)  Stella Marris RESIDENCE OF DECEMENT		city, town on Location of De ltimore	АТН	N/A	DEATH						
DIRECTOR	10a. STATE 10b. COUNTY  Maryland N/A		WN OR LOCATION		10d. INSIDE CITY LIMITS?							
3AL	10e. STREET AND NUMBER	_   Dait	101. ZIP CODE		10g. CITIZEN OF WNAT COUNT							
BY FUNERAL	908 N. Calvert Street  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Toloroed  12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR DECEMBER 1.	2 <b>N</b> O	2 1 2 0 2  13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Spi	CE — American Indian, sick, Whita, etc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of life, Do NOT use reti	lone during most of working	16b, KIND OF BUS	SINESS/INDUSTRY	den						
OMPL	1. 2	Nursing	Assistant	Univ.		Hospital						
BE C	Johnny A. Lane			C. Colvi								
TO B	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural in			land 21225						
	Doreen Brooks  2800 Round Road Baltimore, Maryland 21225  20e. METHOD OF DISPOSITION 1 Burfel 2 Stremation 3 Removal from State 4 Donation 6 Other (Specify)  Metro Crematory  2800 Round Road Baltimore, Maryland 21225  DATE 20c. LOCATION — City or Town, State 2/7/96 Catonsville, Md.											
	21. SIGNAFORE OF FUNERAL SERVICE LICENSEE  Unity Funeral Home  108 W. North Ave. Balto. Md. 21201											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	D /MMC	IMMUNE DEFICIENCY SYNDROME CHIEN ONSEQUENCE OF: In PROFILES ONSEQUENCE OF:									
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuee given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO											
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE ( 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (C		<u> </u>								
BY PHYSI	1 VES 2 NO 1 Inpatient 2 ER/Out  27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation		Nursing Home   5   Residence	6 (Specify) 28d. DESCRIBE HOW I	HOSPICE NJURY OCCURED	AT MERCY						
<b>a</b>		Y — At home, term, atreet ecify)	, tectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the basis of axamination					e(s) and menner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU			ED (Month, Day, Year)						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D FESTIVE OF D M.		3810 K		1206							
	31. DATEPPIE MONTO, Day, Your 1996 Julia Student	NATURE	·	ie:								



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 5 2 9 3 8

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day **Physician** Flora Lillian Rodenhi February 6,1996 11:14 A.M /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Allegis Health Care Center 5. Social Security Number 6. Sax 7. Aga (in yrs. last birthday) ff Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Funeral 1□M 2Q,F Months Yrs. 214-40-4211 **Director** August 13,1898 Maryland Usual Rasidance of Decedant the Meryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits ns 23a or 28a-f ah MD Director Baltimore Baltimore 1 ☐ Yas 2√☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7001-B Lachlan Circle 21039 U.S.A. death r than "natural", or items: the Medical Examiner in 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-ff Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highest grada completed) 16h Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) School Teacher School School 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Peges 1 and 2 should be fill ment of Health and Mental H and: If Item 27 is marked oth George Thomas Rodenhi Flora Elizabeth Waetge 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Jan Regester 8 Walley Court Lutherville, Maryland 21093 20b. Place of Disposition (Nama of cematary, cramatory or other place)
Parkwood Cemetery 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramoval from Stata injury or Department of important: If 2/9/96 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funarai Sarvice Licensea 22. Nama and Addrass of Facility The Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland 21206 23e. Part1. Entar tha diseesa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** POSSIBLE MYOCARDIAL INFARCT /Medical Immediata Causa (Final diseasa or condition resulting in death) Examiner Examiner attending physician and for use es the burial-tran Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiatad evants rasulting in daath) Last Physician/Medicai Dua to (or as a consequence of) P.0. Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? DEMENTA 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No 25. Was casa refarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospitai: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) ů After this Fector: After this by the funeral of 28a. Data of Injury (Month, Day Year) 27. Manpar of Death 28d. Dascribe how injury occurred Certification: 1 Netural 2 Accident 5 Panding invastigation death. 1 Yas 2 No 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide Contrying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the ceuse(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end plece, and due to the cause(s) and mannar stated. 29a. Cartifian Medical 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signature and till Neme and addrass of person who completed cause of death (Item 23a) (Type, Print) 31. Data filed (Month, Day, Year) FEB 0 (1996) 32. Registrar Signatura State Registrar

and the second of 

		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	MARYLAND / DEPA CERTII	FICATE O		REG. NO.		3. TIME OF DEATH		
		ELIZABETH F. K	WOLF	-		MONTH DA	1990	0 11:10 Pm		
	1.0	220 - 44-9005 1 M 2 DF	6. AGE (In yrs. last birthday,	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 5-7-0	Co	RTHPLACE (State or Foreign		
3 should	<u>«</u>	90. FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF D		9c. COUNTY O			
.2	стов	RESIDENCE OF DECEDENT	)	BALTIM			BAU	TIMORE		
Pages	DIREC	10a. STATE 10b. COUNTY  BATIMORE		TOWSON	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 100		
t permit.		100. STREET AND NUMBER 908 DULANEY VALLEY COURT			101. ZIP CODE 21204		U.S.A	OF WHAT COUNTRY?		
burial-transit	FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Yea	or No- 14. R	ACE — American Indian,		
the buri	BY F	1 Never Married 2 Merried FORCES?  3 Wildowed 4 Divorced IF YES, GIVE	1 YES 2 NO WAR OR DATES	If yes,		an, Puerto Rican, etc.)	9	pecify: WHITE		
use as	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	S USUAL OCCUPA work done during	TION most of working	16b. KIND OF BUS	I BINESS/INDUSTR			
hed for	APLE	Elementary/Secondary (0-12) College (1-4 or 5 STH GRADE		EMAKER		HOMEM	AKING			
18										
notified	TO B	190. INFORMANT'S NAME (Type/Print) CLARENCE L. RUDOLF, JR.				Route Number, City or Town		234		
must be		20a. METHOD OF DISPOSITION  1\( \subseteq \subseteq \subseteq \subseteq \cong \subseteq \subsete	20b. PLACE AND DATE			DATE 20c. LO	CATION — City of	r Town, Stete		
		4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	MEADOWRID	22. NAME	AND ADDRESS OF F	ACILITY	RIDGE			
val. I examiner	Ц	1/mmy Jak	Y	4107	WILKENS A	AL HOME, IN AVENUE-BALT	'IMORE,	MD 21229		
or removal medical		23 PART I. Errer the diseases, or complications the shock, or heart fellure. List only one ca	at caused the death. Do use on each line.	not enter the m	node of dying, suc	ch as cardlec or reapl	ratory arrest,	Approximate Interval Between		
rent, the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Congestiv	e +	teart	Failu	re	Onset and Death		
lic event,	z	DUE TO FOR AS A TONSEOVENCE OFF:								
traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING								
other	TIFIC	CAUSE (Disease or Injury C.	(OR AS A CONSEQUENCE	OF):						
injury, or		d								
-	ICAL	PART II. Other algnificent conditions contributing to	deeth but not resulting	1 1	ng ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
3 shows any	MED					1 D YES 2	NO	OF DEATH?		
8 8	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF DEATH Y	TES NO	UNCERTAL	N 🗆		/\		
the State	YSIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2	ER/Outpatient 3 DOA	QTHER:	ome 5 Residence	8 Other (Specify)				
with the	/ PHY	1 Natural 5 Pending		IJURY \	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED			
- ·	ED BY	A Coldent Investigation  3 Suicide 8 Could not be detarmined building	OF INJURY — At home, farm, etc. (Specify)			28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,		
hours after 18	LET	29s. CERTIFIER	f my knowledne death cons	aread and other times, after						
= 5	COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beele of						e(s) end menner se stated,		
PORTAN	BE	296. SIGHATURE AND TITLE OF PERFITIER	na	Ma A	29c, LICENSE NU	MBER /A	PHI, DATE SIGN	ED (Month flows Hours		
2 2	D.	36. HAME AND ADDRESS OF PERSON WHO COMPLETED CAL	SE OF DEATH (ITEM 27) (TYP	e Print)	100	7 F	010	176		
		31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE	10)	1900 t	- ma	ICO BA	lh 21234		
		TED 0 71005 11 About	confinalall							

ITEM: 27, 26, PER DR.

## Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

							C	ertificat	e of	Death		R	eg. No.		
	Physic	ion	1. Decedant's Name	(First, Middla, L	•							2. Data of Deet Month	h Day	Year	3. Time of Death
	Physic /Medi		ALBER	RT	REIN							JAN.20	, 1996	7.001	12:40 AM
	Exami	ner	4a. Facility Neme (If not institution, give street and number)  MERIDIAN NURSING HOME  RANDALLS									4c. County	of Deeth		
	Funeral		5. Social Security N	umber 6.	Sax 7	. Aga (In yrs.	last birthda	y) if Undar Months				8. Data of Birth	Venel		piaca (State or Foreign
	Director		577-16-67 Usual Rasidance of	(0)	1 MM 2□ F	73	Yrs	Months	Days	Hours	Min.	8. Data of Birth (Month, Day, MAY 26,	1922	WAS	HINGTON, D
	yland M M		10a. Stata	10b. County			y, Town or								10d. Inside City Limits
	with the Maryland a or 26s-f show the notified at	Director	MD 10e, Street and Num	BALTIM	ORE	R	ANDAL	LSTOWN	0.1						1 AYes 2 No
ner death with the Marylar items 23s or 25s-f show iner must be notified at								10f. Zip	1133	2		1	0g. Citizan of USA	what Col	intry?
		Funeral	3934 NEI	NO ROAD	12. Wes Deced	ent Ever in U	,S. 1			_	gin? (S	pecify Yes or No- Rican, etc.)		ce - Amar	ican Indian,
3 = 2	5 6	by	1 🗆 Nevar Marrie		Armed Ford 1 XYes 2 It Yas, Giva Yeer or Det	□ No	_	it Yas, spe 1 ☐ Yas		an', Maxican Specify:	, Puerti	o Rican, etc.)	Bia Specif	ck, White	, etc. VHITE
5	natural, natural		/Snaci	15. Decedant's E	ducation		16a. De	cedant's Usua	ai Occup	pation	t of wor	kina	16b. Kind of B	usiness/l	ndustry
1717	lane. the Med	Completed	Elamantary/Secon		Coilege (1-4	lor 5+)	life	va kind of wo			i or wor	King	ACCOUNTING		
the died		Be C	17. Fethar's Nama (	First, Middle, Las	))			ACCOC		1	r's Nan	na (First, Middle, I	Aaiden Surnar	na)	
ylai	Wental Mental rrked o	ToE	ADOLPH		REIN					MOL	ĽΥ		SCHI	FFER	
ore, merry to 1 and 2 short of Health and N lisen 27 is mar.		ľ	19e. Intormant's Na	me/Relationship	(Type, Print)							ral Routa Number			ip Coda)
	and math her tr		MRS. JA		(WIFE)	Letter .				AD, RA	NDA	LLSTOWN,			
2	Pages hant of h mt: If its rry or of		20a. Mathod of Disp	Crametion 3 [	Ramovei from 5	ata / c	emetery, o	position (Nar remetory or o	thar pla		- 1		20c. Location		
dittinor	permit. Page Department of Important: If any Injury or once.		4 DomeNon	5 □ Othar (Spec	(y)	AIN	OHE E	22. Nama an				-22-1996	-BALTTI	MORE	עוויז ,
Ö	Dept in post		1////	1/5//	A							OS., INC			
			23a. Part1. Entar th shock, or haar	e diseasa or cof	polications and cau	ised the deat	h. Do not	6010 8	FIS	TERSTO	WN	ROAD BAL	TIMORE	, MD	21215 Approximata
	Physician		shock, or haar	t teilura. List only	one cause on aac	h iina.	n. Do not	and and moo	o or aya	ng, such as	cardiac	or respiratory and	151,		Intarvai Between Onsat and Death
۶	/Medical		Immediata Causa (I	Finai		LYMP	Nou	. A ·						i	
	Examiner		rasulting in deeth)	•	a			sequance of):							
	D #	ine			- b									i	
	requires that the death certificate be executed seen signed by the attending physician and hould be detached for use as the burial-transit	Examiner	Sequentially list conditions.  If any, leeding to immediate												
0000	slcian burit	dical E	Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaese or injury that initiated events												
Ò	g phy as the	0	rasulting in death) L	ast		Dua to (o	r as a cons	equance ot):							
2	endin r use	and			d									i	
0	thet the death certific ed by the attending p detached for use as	Physician/M	Part II. Other signific	cant conditions	contributing to dea	th but not ras	ulting in the	underlying c	ausa gh	van in Part I		23b. Did to	bacco use co	ntribute	to the cause of death?
-	d by t											1 🗆 Y	s 20 No	3 Pr	obably 4 Unknow
olds,	signed be det	1 by			<del></del> -							0401114000	20.00	245 1	Vare autopsy findings
5	_ 40 60	Completed										24a. Wes a perform		8	vailable prior to ompletion of causa
ב ב	hes ye 2	ф											Jan-	-	f death?
0	defan: The certificate rector, pag	e Co	25. Was casa rafarr	ed to medical						OC Disease	-4 D		s ZINo	1	☐ Yas 2☐ No
>	s cert	0 8	axaminar?		Hospital:	natiant 2	EB/Outpel	ient 3 DC	Ott			ith <i>(Check</i> on <i>ly</i> on ome 5 ☐ Rasida		her /Snec	(h)
2	Attending Physician: or death. ector: After this certific by the funeral director,	n: T	27. Mannar ot Death		28a. Date of (Month,		28b. Time		Bc. Inju	_		28d. Describe ho			,,
2	tandin leath. tor: Aff the fur	atic	2 Accidant	5 Pending invastigation	n	20, 700,7	a ijui	М		Yas 2□	No				
	of a standing of	Certification:	3 ☐ Sulcida 4 ☐ Homicida	6 Could not I	28a. Place 0	Injury - At he , etc. (Specif	oma, farm,	street, factory	, office			28f. Location (St City or Town		ber or Ru	ral Route Number,
	To the Hospital or Attandi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi	edical C	(Uneck only	1 Certifying P	nysician: To the be minar: On the bas	is of axamina	wledge, da tion and/or	ath occurred invastigetion	at tha tir	ma, data an	d plece th occu	, and dua to the ca	use(s) end m	annar as and dua	stated. to the cause(s)
	ithin ithin and ithe	Med	one) 29b. Signatura and t	titla of Artifiar	and manna	r stated.		290	. Licens	se number		2	9d. Data signe	ed (Month	Day, Year)
	8 ≒ € ≒		1	201/	11/ (10	1/2					10.		160	lor	
1	12		30. Nema and addra	of Olivers who	completed cause	of death (Item	23a) /Tim	e Print)	5 -	204	-	_	100/	76	10:00 AM
		ı i	7		4	(red)	/ ( 1)	-,					/		

State Registrar

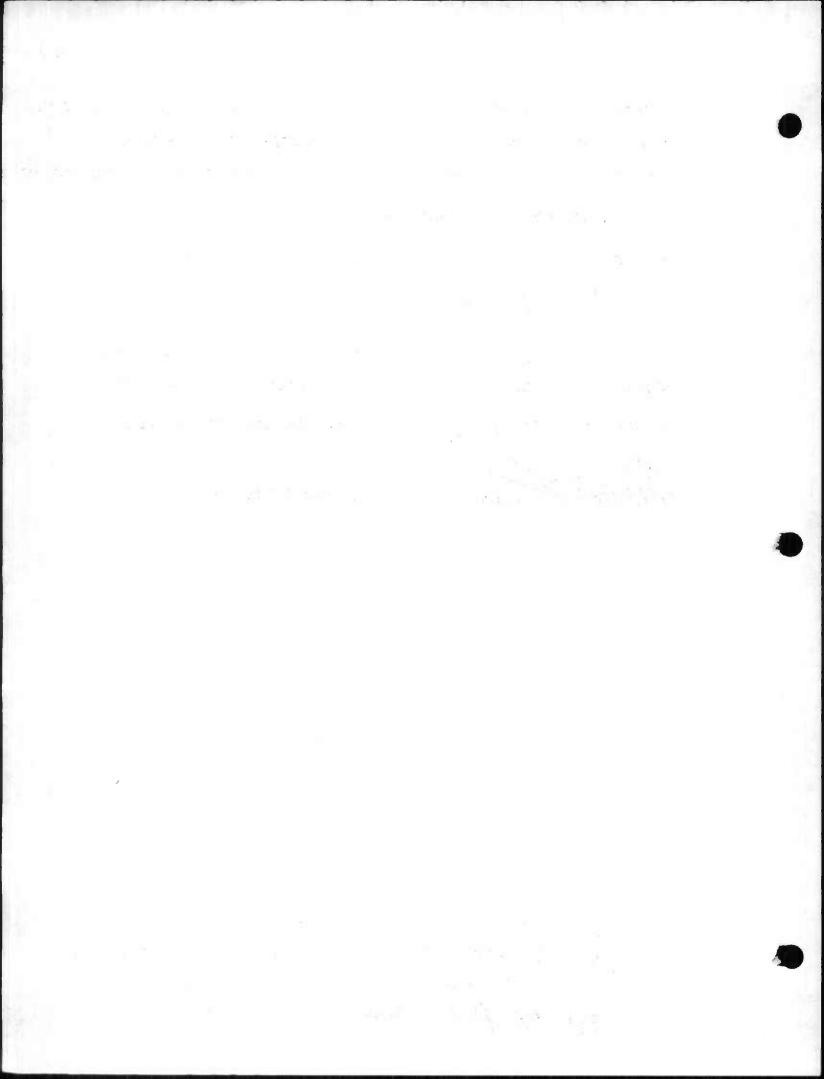
STEPHEN A. 6 CASSEN - MO. -1777 REISTONINGUE

31. Data filed (Month, Dey, Year)

32. Register's Signature

FEB 0 7 1996 Jahr Manusco-Randell

1186501116



DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE FUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whom 2. hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) PATRICIA	ANN	ST	ABILE		2. DATE OF DEATH PA	1 996 YE	3. TIME OF DEATH 1:15 ATT M	
	4. SOCIAL SECURITY NUMBER 217 24 0077	5. SEX 6. AGE (1	in yrs. last birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 18 29	0	BIRTHPLACE (State or Foreign Country) Maryland	
H.	9a. FACILITY NAME (If not institution, give at Saint Joseph Med				DR LOCATION OF DE	EATH	9c. COUNTY		
5	RESIDENCE OF DECEDENT	NOCE OF THE				,			
DIRECTOR	Md. 10b. COUNTY	A	10c. CITY, TOWN OR LOCATION Baltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	104. STREET AND NUMBER 6702 O'Donne	ll Street	101. ZIP CODE 21224					OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	S 2 NO It yes, specify Cuban, Maxican, Puerto Rican, etc.)					RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of ville. Do NOT us Housew	work done during n se retired.)	TIDN nost of working	166. KIND OF BUS		TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Michael Bur	ns			Mary	ME (First, Middle, Meiden : O'Donnell			
2	19s. INFORMANT'S NAME (Type/Print)  John L.Stabi	le				Route Number, City or Town Balto., Md.		de)	
	20a. METHOD OF DISPOSITION  117 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		b. PLACE AND DATE of DISPOSITION (Name of metery, crematory or other place)  Gardens of Faith 2-9-96  Overlea, Md.						
	21. SIGNATURE OF PUNERAL SERVICE LIC	D. Zeil	Cardens (	22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md.					
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  CONGESTIVE HEART FAILURE  DUE TO (DR AS A CONSEDUENCE DF):  CORONARY ARTERY DISEASE  DUE TO (DR AS A CONSEDUENCE DF):  DUE TO (DR AS A CONSEDUENCE DF):  DUE TO (DR AS A CONSEDUENCE DF):  DUE TO (DR AS A CONSEDUENCE DF):  DUE TO (DR AS A CONSEDUENCE DF):								
MEDICAL	PART II. Other significant condition  RENAL FAILURE  ADULT RESPIRA	TORY DISTRES	S SYNDRO	OME		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2	
CIAN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE DF DEA	TH (Check only on		N M J			
PHYSICIAN:	1   YES 2   Add  27. MANNER OF DEATH  1   Meturel 5   Pending	HOSPITAL: 1 pastlent 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Veer)	28b, TIN	IE OF 28c. II	NJURY AT VORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE DF INJURY building, etc. (Spec	— At home, term,		YES 2 ND	261. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,	
COMPLETED	298. CERTIFIER (Check only 1 DERTIFYING PHYSI	CIAN: To the best of my know						suse(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Denn	prop	}	29c. LICENSE NU			GNED (Month, Day, Year) - 6 - 96	
٩	30. NAME AND ADDRESS OF PERSON WH								
	31. DATE ELED MORIN. Day, 1800 FEB 0 71996	32. REGISTRAR'S SIGN		EIVIEN /	DEU TUNK I	D. TOWSON,	IVILI ZI		
	1 20 0 1 1330	The william the	agard						

## Please Type or Print in Black Indelibie Ink. Assure Ali Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene 96

_						Certi	ticate of	Deatr	7		Reg. No.		
	Physic /Medi		1. Decedent's Neme (First, Middle, HATTIE LOUI:		HTS					2. Dete of De Month <b>Feb</b> •	6 <sup>Dey</sup> 19	96	3. Time of Death 5:44 am
	Exami	ner	4a. Facility Neme (If not institution, g		(reside	nce)			own, or Lo Ltim	ocation of Deeti	4c. County	of Deeth	A
	Funeral Director		5. Sociel Security Number 219–38–1737 Usuel Residence of Decedent	Sex 1 M X F	. Age (In yrs. last bii		If Under 1 Year Months Deys		Min.	8. Date of Bir (Month, De Feb - I	b, Year) 5,1941	9. Birthi Cour Mai	olece (Stete or Foreign otry) <b>yland</b>
	hours effer death with the Meryland ursh; or Hems 23s or 28s-f show at Examiner must be notified at	Director	10e. Stete 10b. County  Maryland N	/A	10c. City, Tow							10d. Inside City Limits 1 Types 2 No	
	with the		10e. Street and Number				10f. Zlp Code				10g. Citizen of V		ntry?
	a 23	Funeral	1223 Bayard St		lent Ever in U.S.	13 We		1230	riolo? (Sn	ecify Ves or No		SA a . Americ	can Indien,
21215-0020	72 hours efter death w "naturel", or flems 23a	by	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Armed Ford	ces?		es, specify Cul			ecify Yes or No Rican, etc.)	Specify	ck, White,	
5	72 hc	eted	15. Decedent's (Specify only highest of	Education grede completed)	16e	Deceder	nt's Usuel Occu nd of work done NOT use retin	pation during mo	st of work	dna	16b. Kind of Bu	usiness/în	dustry
121	withir ene. then	Completed	Elementery/Secondery (0-12)  12th	College (1-	4or 5+) <b>Li</b>		NOT use retin				Но	spit	tal
	H H	Be Co	17. Fether's Neme (First, Middle, La					18. Moth	ner's Nem	e (First, Middle,	Meiden Surnan	ne)	
Maryland	O G TO	To B	Jasper Patter	rson				Hatt	tie	C. Gre	en Pat	tera	Bon
lan			19e. Informant's Neme/Relationship	(Type, Print)	196	. Meiling	Address (Stree	et end Numl	ber or Rur	ral Route Numb	er, City or Town,	Stete, Zij	Code)
	C = 22 -		Beatrice Patte	erson-si				d sti	reet		imore,		21230
Baltimore,	2 5 5		20e. Method of Disposition 1 ■ Burial 2 □ Cremetion 3	☐Removel from S	cemete	ry, creme	ion (Neme of tory or other pl		į	Dete	20c. Location -		
Ë	permit. Page Department of Important: If any Injury or once.		4 Donetlon 5 Other (Spe		Arbu		Memor			2/12	Arbutu	8, 1	faryland
	Physician /Medical Examiner		23a. Part J. Pater the disease, or co shock, baheart failure. Lift in tmmediate Cause (Finel disease or condition resulting in deeth)	ly one cause on ea	TASTA	46 not enter	the mode of dy	BERT	Y HE s cardiac	IGHTS or respiretory e	AVE., B	ALT	Approximate intervel Between Onset end Deeth
ox 68760,	h certificete be executed ending physician and use as the buriel-trensit	an/Medical Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or es e	conseque	ence of):						
P.O. B	that the death led by the atter detached for u	Physicia								23b. Did	1	o the cause of death?	
Records,	hes been sign ge 2 should be	Completed by									en eutopsy ormed?	ev cc of	ere autopsy findings aliable prior to impletion of ceuse deeth?
Vital	iclen: The le certificate he rector, page		25. Wes cese referred to medical							10		1	☐ Yaa 2☐ No
5		o Be	exeminer?	Hospitei:	patient 2□ER/O	utnetiont	3□ DOA O	ther	e of Deet	th (Check only	one) dence 6 □Oth	or (Engai	64)
ion of	Iling After fune	<b>—</b>	27. Nenner of Deeth 1 Naturel 5 Pending 2 Accident investigat	28e. Dete of (Month	Injury 28b.	Time of Injury	28c. Inj				how injury occur		97
Division	ta or Attender research al Director:	Certification:	3 Suicide 6 Could not determine	286. Piece C	f Injury - At home, fe g, etc. (Specify)	erm, stree	t, fectory, office	ce 28f. Location (Street end Number or Rural Rou City or Town, Stete)				al Route Number,	
	To the Hospital or Mi within 24 hours after of To the Funeral blined completely filled in by	ledical	29e. Certifier (Check only one) Certifying I	Phyeician: To the b aminer: On the bas end menne	est of my knowledge is of examinetion en er steted.	e, deeth o	ccurred et the tetigetion, in my	time, dete e opinion, de	nd plece, eth occur	end due to the red et the time,	ceuse(s) and me dete end pieca,	enner as s and due t	stated. o the cause(s)
	To the To the comple	W	29b. Signeture end title of certifier	un M	oula	4	29c. Licer	36	146	5	29d. Dete signe 2—6	d (Month,	Dey, Year)
	8		30. Name and address of person when the person	NE TUP	MUST	MA	. 22	Sout	46	REEN	ESTE	3AL	TIMORE
	Sta Registi		31. Dete filed (Month Day Year) 7	1996	pistrer's Signature	Cooled	6						

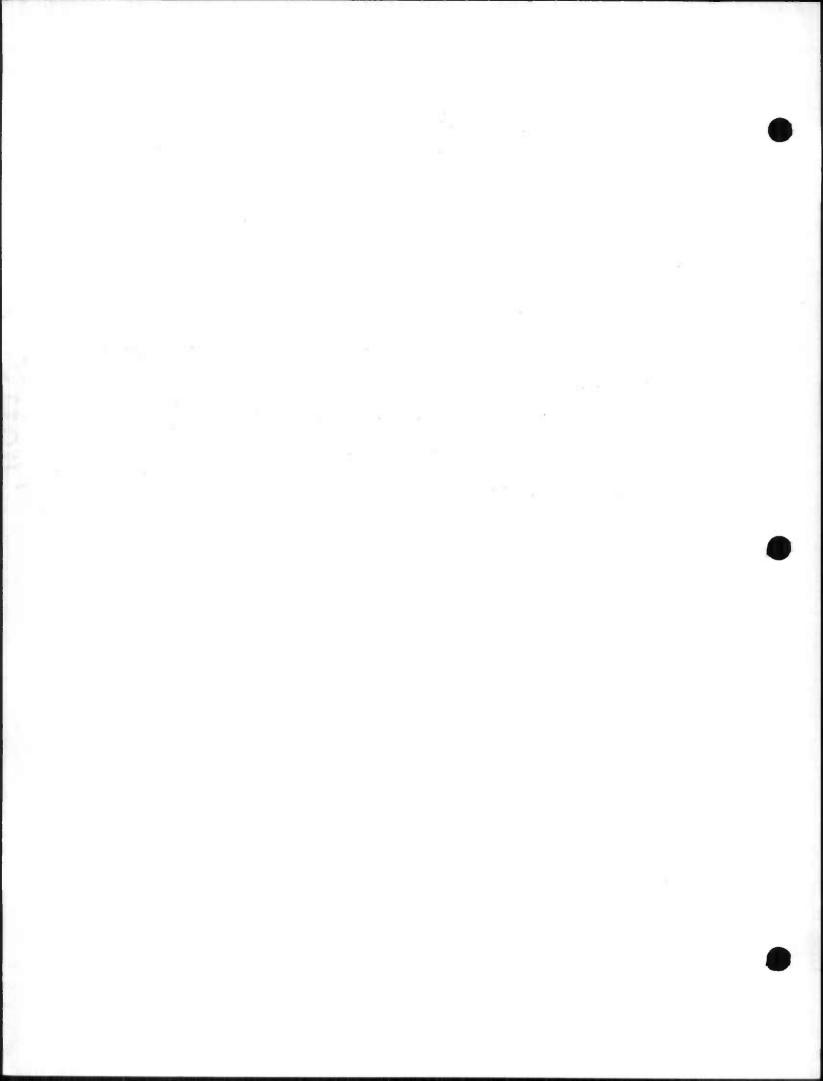
\*#O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

\*\*A HOUR SHERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to bunal, cremation, or removal.

\*\*IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF			YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		_	O/1. = 0.	676-741-	2. DATE OF D	EATH	3. TIME OF DEATH
	ZACK STEV	ENSON J	r.			Feb	1 19g	6 1/25 AM
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH 8.	BIRTHPLACE (State or Foreign
	705–12–7536  9a. FACILITY NAME (If not institution, give str	1 🔀 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.		10,1921	SC.
œ	Saint Agnes Ho				on Location of Di altimor		9c. COUNTY	N/A
읝	RESIDENCE OF DECEDENT	Spical			u I O I III O I			
DIRECTOR	Md,	N/A	10c. CITY	, TOWN OR LOCA	Balt	imore		10d. INSIDE CITY LIMITS?  1X YES 2 NO
AL	10e. STREET AND NUMBER			1	M. ZIP CODE	222	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	320 Allendale	Street			21	229		USA
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? YES			CENDENT OF HISPAI			RACE — American Indian, Black, Whita, etc.
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? YES		1 🗆 YE	S 2X NO Specif			Specify: Black
	15. DECEDENT'S EDUC	8/24/42 to	16a. DECEDENT'S I	USUAL OCCUPAT	ION	16b. KINI	D OF BUSINESS/INDUS	TRY
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done durina n	ost of working		0. 000000	
F	10th	college (1-4 of 54)	Lal	borer			Constr	uction
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						, Maiden Surneme)	
BE C	Zack Stevensor	ı Sr.			Min	nie S	mith	
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	ity or Town, State, Zip Co	e, Md 21229
1-1	Doris S. Steve							
	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ramo		PLACE AND DATE O			.0/96	C1 OP P	
	4 Donation Cother (SpecifyEnt		cedar H		AND ADDRESS OF FA			rnie, Md.
	A	-00				Ca		ral Service
	1 Mans	3,0						more 21215
	23. PART 1. Enter the diseases to canada ahock, or heert fell to 1	complications that caused List only one cause on e	the death. Do neach line.	ot enter the m	ode of dying, aud	ch as cerdlec	or reapiratory arrest	, Approximate interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death
	disease or condition resulting in death)	strok						3 weeks
			CONSEQUENCE OF					11 4
NO N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	acm/r	nucus p	lufsing		4 days
Ä	If any, leading to immediate cause. Enter UNDERLYING		static 1		nar			3 months
Ē	CAUSE (Disease or injury thet initiated events		CONSEQUENCE OF			-		
CERTIFICATION	reaulting in death) LAST	s		_				
	PART II. Other eignificant condition	s contributing to deeth b	ut not resulting in	n the underlyi	ng ceuee given in	Pert i. 24a	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL				,			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
E .				-		'	YES 2 NO	OF DEATH?
Σ	DID TOBACCO USE CONTE	RIBUTE TO CAUSE O	F DEATH YE	S NO I	UNCERTAI	NΠ		1 TYES 2 740
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT					
Sic	EXAMINER?  1 TYES 2 TYNO	HOSP/TAL: 1   Impatient 2   ER/Outp	Patlant 3 DOA	OTHER:	me 5 - Residence	6 Other (So	ecify)	
À	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 28c. II	JURY AT		BE HOW INJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MOREN, Day, 1621)	INA		YES 2 NO			
ED B	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, of	Ica	261. LOCATION	N (Street and Number or	Rural Route Number,
	4 Homicide detarmined						/ / /	
COMPLET		CIAN: To the best of my know	ledge, death occurre	d at the time, da	ta end place, and du	e to the cause(s	) and menner as stated.	
O.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	n, in my opinion,	death occured at the	e time, date and	place, and due to the c	euse(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)
8	In ou Mo				D408	50	Febr	nay 1, 1996
유	NAME AND ADDRESS OF PERSON WHO							
		TAVIANO M	10 900	CATON	AVE 1	SALTIN	NONE MI	21227
	FFR 0 7 1996	34 REGISTRAR SIGN	LA L					7
	FEB 0 1 1330 /1"							



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State of Maryland / Department of Health and Mental Hygiene 96

						Cert	tificate	e of	Death			Reg. No.			
	Physic		1. Decedent's Name (First, Middle, La: NELLIE	st)	5	HA	A R	P			2. Date of De Month	ath Dey	Year 996	3. Time of Deeth 30	
Ì	/Medi Examii		4e. Facility Name (If not institution, give LiBEKTY A	e street and number)	CEN	VT S	K		4b. City, To	wn, or Lo	ocation of Death	19	of Death	/a	
	Funeral Director		5. Social Security Number 6. S 215-14-7951		(In yrs. last bir 90	thdey)	If Under Months	1 Year Deys	if Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De Feb. 2	th ly, Year) 2,1905	9. Birthp Coun	niece (Stete or Foreign ntry) NC	
Marylend	Marylend -f ehow	tor	Usuel Residence of Decedent		10c. City, Town or Location Baltimore								1	0d. Inside City Limits	
	h with the 3a or 28a at be noti	Funeral Director	10e. Street and Number 1707 Gwynn F	alls Pkwy	У	10f. Zlip Code 2 1 2 1 7			217				Citizen of Whet Country?		
21215-0020	d 2 should be filed within 72 hours effer death with the Maryland thend Mental Hygiene.  7 is marked other than "natural", or itema 23s or 28s-f show traumatic event, its Marifcel Experient must be notified at	by	11. Meritel Stetus  1 □ Never Married 2 □ Merried  3 □ Widowed 4 □ Divorced	12. Wes Decedent Et Armed Forces? 1 ☐ Yes 250 No If Yes, Give Year or Dates:		U,S. 13. Wes Dece If Yes, spo			t of Hispenic Origin? (Specify Yes of Cuben, Mexican, Puerto Rican, etc.)  No Specify:				e - Americ ck, White, v: Bla		
	n 72 ho	Completed	15. Decedent's Ed (Specify only highest gre	lucation de completed)	16e.	Decede	ent's Usue	l Occup	petion during mos	t of work	ing	16b. Kind of Bu	usiness/Ind	Justry	
212	yethin jene. r than r	omp	Elementery/Secondery (0-12) 8 t h	College (1-4or 5+	)		Rive kind of work done during most of wo te. DO NOT use retired) Iome Maker					D	Domestic		
pu	ould be filed Mental Hygiarked other	To Be C	17. Fether's Neme (First, Middle, Last) Johnnie Bran								e (First, Middle, 7 Brya	Meiden Sumer nt	18)		
<b>Jan</b>	2 should end Men is marke		19e. Informent's Neme/Reletionship (			_		•				er, City or Town,			
			Georgia Jack 20e. Method of Disposition	son	20b. Piece of			4	Fal	ls I	Dete B	alto.,		21217	
altimore,	t. Peges rtment of rtant: If it		1 □XBMfriel 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specification)	1)	cemete	y, cremo Lubu	etory or o	ther pla Cem						re, MD	
Bal	Depa Impo eny it		21. Sanatou of Funerei Service Licen	Mar	6	17	701	Lau	rens	Sti	reet B	alto.,		Home 21217	
ex 68760,	Physician /Medicale pe executed with the principle of the	in/Medical Examiner	Immediate Cause (Final disease, or composed for sert failure. List only immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, teeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	DEH Elect SMA	y Di	conseque Bei	renca of):	1						Interval Between- Onset and Death	
9		Physician/	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert t.  23b. Did tobacco use contribute to the underlying cause given in Pert t.  1  Yes 2 No 3 Pro									ntribute to			
Records,	The law requires to the law requires to the law representation of the	Completed by										av	ere autopsy findings allable prior to mpletion of cause death?		
Vital			25. Wes case referred to medical			-			29 Diego	of Doot	h (Check only o	/	10	Yes 21 No	
Division of Vi	Phys this ral di	Certification: To Be	27. Menner of Deeth  1 Vatural 2 Accident 3 Suicide  2 Could not be	28e. Piece of injur	Year) 28b. 7	Time of njury	М	8c. Inju Wo 1	her: 4 🗆 Nu	ursing Ho	me 5 Residence R	dence 8 □Oth how Injury occur  Street and Numb	red		
Ö	To the Hospital or Attending within 24 hours effect death.  To the Funeral Director: After completely filled in by the fune		29e. Certifier 11 Certifying Ph	building, etc.	(Specify) my knowledge	, death	occurred (	et the ti	me, dete an	d plece,	City or To	cause(s) end ma	anner as si	lated.	
	the Hin 24 the Fu	Medicai	one)	iner: On the besis of e end menner stete	ed.	d/or thve				ith occur					
K.	T vit	-	29b. Signeture end title of certifier	, K.	MA		290	. Licen:	se number	1		29d. Dete signe	(Month,	uay, rear)	
	3		30. Neme end eddress of person who	completed cause of dee	oth (Item 23a)	(Type, P		21	, U .	21		2/2	77	4 ZIZIL	
Ì	Sta Registr		31. Data filad Month 19 and 1996	The contract of the state of th	Robert	1	٠. ٢٠	٥٠ (	ا، سو	-100	enty !	Her gret	15A	320MIT	

E. \*  Item19a 2-7-96 FilmG732 W.H.Per F/H
Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 02945

					Cer	tificate of	Death		Reg. No.	0 02	. 540	
Physici	an	Decedent's Nama (First, Middle, La     PAUL EDWARD SPR)						2. Date of D Month	eath Day	Year	Tima of Death	
/Medic Examin		4a. Facility Nama (If not institution, given SUMMIT NURSING I	ra street and num	ber)			4b. City, Town, or CATONS	Location of Dea	10.00	996   12 y of Death ALTIMORE	2:45 A.M	
Funeral Director		5. Social Sacurity Number 6. S 216-03-0412  Usual Residence of Decedent	Sax MM 2□F	7. Age (In yrs. i 82	ast birthday) Yrs.	If Under 1 Yaa Months Days			irth ay, Year) , 1914	9. Birthplace Country) BALTO	(State or Foreign	
Sa-f show	ctor	10a. Stata 10b. County	TIMORE	10c. Cify	, Town or Loc BALT	cation CIMORE					nside City Limits	
23e or 2	Funeral Director	10e. Street and Number 2810 ILLINOIS AVE	ENUE			10f. Zip Code	21227		10g. Citizen of What Country? U.S.A.			
rai', or items	þ	11. Maritai Status  1 □ Never Married 2 □ Married  3 □ Widowed 4 ☒ Divorced	12. Was Deced Armed For 1 Tas If Yes, Give Year or Da	2D(No		/as Decedant of Yes, apecify Cul ☐ Yes 2 XNo	Hispanic Origin? ( ban, Maxican, Pua Specify:	Specify Yas or N rto Rican, etc.)	o- 14. Ra Bla Speci	ce - Amarican to ack, Whita, atc. fy: WHITE		
lei Hygiene. tei Hygiene. d other than "naturat", or items 23s or 28s-f ehow event, the Medical Examinat must be notified at	Completed	15. Decedent's E. (Specify only highast gra Elementery/Secondary (0-12)	ducation ide completed) College (1-	4or 5+)	(Give I life. D	ent's Usual Occu kind of work done O NOT use retin	upation a during most of wo ed)	orking		of Buainess/Industry NICATIONS T		
	To Be C	17. Father's Name (First, Middle, Last) EDWARD SPRINKEL						me <i>(First, Middle</i> • MARKOV		ma)		
- In		19a. Informant'e Name/Relationship ( NANCY MOSSBERGER-		rger	1		et and Number or F S AVENUE				1)	
는 보를 들		20a. Method of Disposition  1 ☐ Burial 2 ☒ Cremation 3 ☐  4 ☐ Donation 5 ☐ Other (Specify		tata	ematery, crem	ition (Name of atory or other pi ERVICE		Data 2/5/96	20c. Location	- City or Town, S	itata	
Department of Important: If any injury or once.		21. Signatura of Funerial Sarvice Licer	ISOO K	ant			PSS Of Facility UNERAL HO ENS AVEN			D 2122	29	
hysician /Medical Examiner	Iner	23a. Part1. Inter the disease, or com short or heert fellure. List only Immediate Ceuse (Final disease or condition resulting in deeth)	a	Cov	genthal as a consequence	've	Hear	_		Ons	roximata val Between et and Death	
	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Undertyling Cause (Disease or injury that initieted events rasulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  d.										
y the	by Physician/										. /	
	Completed							24a. Wa peri	s an autopsy omed?	avalieble	ion of cause	
certificate ha		25. Was casa referred to medical							Yes 2 No	1 ☐ Yes	20 No	
this certific	To Be	examiner?	Hospital:	patient 2□E	R/Outpatient	3 DOA O	thor	eath <i>(Check</i> only Homa 5 Res		her (Specify)		
leath. tor: After the fune	Certification: 7	27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation 3 Suicida 6 Could not be	28a. Date of (Month	Injury , Day Year)	28b. Tima of Injury	28c. Inju We M 1	ury at ork? Yes 2 No	28d. Describe	how injury occu	rred	to Alimbar	
	edical Certif	28e. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify)  28e. Place of Injury - At home, farm, atreet, factory, office building, etc. (Specify)  29a. Certifier (Check only 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
To the Complet	Med	29b. Signature and title of certifier	and manne	er stated.	4		se number		29d. Date sign	ed (Month, Day,	Year)	
Stat	e	30. Name and address of person who DR . B. TURAKHIA 31. Date filed (Month, Day, Year)	, M.D.		REDERI		- BALTIM	ORE, MD	21228			

AND CALL SOLETING

BALTIMORE, MARYLAND 21215-0020

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day,

0

71996

32. REGISTRAR'S SIGNATURE Studente

STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NDRen 530A H 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 141-12-0838 YRS. 5,1924 April New Jersey Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bayview Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson permit. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal. 1556 Putty Hill Avenue 21286 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES WW II If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried В 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Electronic Sales Engineer Consultant 4 yrs. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ħ Michael Sudia Helen Waswicz BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Mary E. Sudia 1556 Putty Hill Ave. Towson, Maryland 21286 hours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION
1 N Burlel 2 Cremeflon 3 C
4 Donetion 6 Other (Specify) METHOD OF DISPOSITION
Burlel 2 Cremeflon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cometery, cremetery or other place)
Dulaney Valley Mem. Gardens 2/7 196 Timonium, Maryland 21. SIGNATURE OF FUNERAL SPRINCE LICEN examiner 22. NAME AND ADDRESS OF FACILITY 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. au medical 23. PART i. Enter the diseases, or cou aused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. Wat only one o on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition\_ ARDIAC ARRYTHMIA the death certificate be executed within resulting in desth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) ARDIOMYOPATHY
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING INFARCTION MYOCARDIAL CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ö PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE n signed by the Health and Iv 24s. WAS AN AUTOPSY that any 1 TYES 2 NO requires OF DEATH? Shows 1 | YES 2 | NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PF DEATH YES NO UNCERTAIN 28. PLACE OF DEATH (Check only one) PHYSICIAN: has be Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? After this certificate death with the State HOSPITAL: OTHER:
4 Shursing Home 5 - Residence 6 - Other (Specify) 1 | YES 2 | 10 Inpetient 2 - ER/Outpetient 3 - DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF marked, 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Netural Accident 5 Pending Investigation М 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be L DIRECTOR: 4 Homicide 28 determined Hem 29e. CERTIFIER
(Check only one)

2 MEDICAL SYMMISS. On the best of my knowledge, death occurred at the films, data and place, and due to the cause(s) and manner as attend. TO THE HOSPITAL OF TO THE FUNERAL DIES THE FUNERAL DIES THE MPORTANT: If Its 2 MEDICAL EXAMINER: On the basic end/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day) 8 cha 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT II lism 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
aj.	on the within 72 hours after court with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	no the fundam unfertion where the certificate has been signed by the attending physician and completely filled in by the
r death. Page 6 may be retained by the hosp	TO THE CONTROL OF STEED SECTION. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host

31. DATE FILED (Month, Day, Year) FEB 0 7 1996

32 HEGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYLA		PARTMENT OF		MENTAL	REG. NO.						
		Paul STEE		-		MONTH	10	१९५	6	3:24 P			
	4. SOCIAL SECURITY NUMBER  21 3 → 32 → 1896  9e. FACILITY NAME (If not Institution, give st	1 X M 2 🗆 F	n yrs. lest birth	RS. MONTHS DA		Dece	nber 1	, 1934	Country) Ma	ryland			
TOR	Johns Hopkins Bay		Cente		imore Cit			N/A					
DIRECTOR	10e. STATE 10b. COUNTY		100	e. city, town on Li Jundalk	OCATION				I. INSIDE CITY LIMITS? YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 7801 Charlesmont				101. ZIP CODE 21 222			Unite	ed St	tates			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EYER IN FORCES? 1. YES IF YES, GIVE WAR OR OA	2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 NO Speci	an, Puerto F			Black, WI Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDE (Give kii lite. Do h	ENT'S USUAL OCCU nd of work done durin NOT use retired.)	PATION g most of working			ndust					
H	17. FATHER'S NAME (First, Middle, Lest)  RODNEY Steelman  190. INFORMANT'S NAME (Type/Print)		100 MA	HINA ADORESE /C	16. MOTHER'S N Mildre	d Mae	Crumn	ey	del				
5	Dixie L Steelman	1	780	11 Charle	smont Rd.	Bal	timore		ilano				
	20e, METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	CTOP COMMENT	Setuce	Corp. 2	/5/96	Tows	on. Mo	vryla	and			
	21. SIGNATURE OF SUMERAL SERVICE LIC	task		Duda 7922	HE AND ADORESS OF F L-RUCK FUN ! Wise Ave	eral Bal	Home o timore	of Dunce. Mari	lalk, Ilanc	, Inc. 1 21222			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  a. VINTRICULAR FIBRILLATION												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
AL	PART II. Other significant condition  DLM GE	ne contributing to death b		iting in the unde	rlying cause given i	n Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO			ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE O		YES NO		INOS							
IYSIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Outs			Home 5 Realdence	_		N ILIEN COCIE	250				
ву Рн	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	WORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe		farm, atreet, tectory.	office	26f. LOC City	ATION (Street or Town, State)	and Number or	Rural Rout	e Number,			
COMPLET	29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner se stated.												
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  ON AHEUDING Physician 296. LICENSE NUMBER  D39221 296. DATE SIGNED/MONTH, PBY, VOD)  30. NAMEDAND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  G. Galelfo Mi) Dept. Emerg. Medicine - Johns Hopkins Bryview Medicine -												
F	G. Galello MU	Dept. Emerg.	Medic	The - J	elus Haple	is Be	yview	Medi	cel (	ènder-			

	is 1, 2, 3 should		l
the hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2,		once.
cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	emation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4G PHYSICIAN: The law requires that the death certificate be executed wi	as been signed by the attending physician and comple	Jept. of Health and Mental Hygnene prior to bunal, cre	23 shows any injury, or other traumatic ever
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The	rtific	be filed within /2 hours after death with the state Dept. of	IMPORTANT: If item 28 is marked, or Item

	FOR STATE REGISTRAR		STATE OF N					EALTH AND DEATH	MEN	TAL HYGIEN REG. NO				
)	1. OECEDENT'S NAME (First, Ruth Au	drey 1			F	her	vc3	_	MI	ATE OF DEATH DATH	AY 2	YEAR 96	TIME OF DEATH  7159 Am	
į	4. SOCIAL SECURITY NUMBE 212-28-3505		5. SEX 1 M 2 F	1 □ M 2 🖁 F 65 YRS.			F UNDER 1 YEAR   IF UNDER 24 HRS.   MONTHS   DAYS   HOURS   MIN.   9b. CITY, TOWN OR LOCATION OF D			TE OF BIRTH forth, Day, Year)  1y 10,	Country)	ryland		
	PENINSULA R	EGIONA		L CENT	ER			BURY	EAIN			ICOMI		
	10e. STATE Maryland	10b. COUNTY	cester			гу, тоwn о Осеап							DI. INSIDE CITY LIMITS?  YES 2 NO	
	Maryland   Worcester   Ocean City   1 \overline{N}   1 \o												AT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 X B 3 Widowed 4 Divor	ferried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	li li	yes, sp	ENDENT OF NISPA city-Cuban, Mexic 2 1 NO Spec	an, Pua			14. RACE - Black, \	American Indian, White, etc. White	
	(Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade 12)	CATION completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT u	work done d se retired.)				16b. KIND OF BU		DUSTRY		
	11th grade 17. FATHER'S NAME (First, Mic	idie, Last)		Į He	omemak	er		16. MOTHER'S N	AME (Fi	Own Hor		_		
	George Parks		res Sr.		10b MAII INC	ADDRESS	/Stead o	Ruth Mond Number or Rural			- State Via	C-4-1		
	Charles G. T		s (Husba	nd)				venue, C					21842	
	20e, METHOD OF DISPOSITION 1 CABurial 2 Cremation 4 Donation 6 Other	3 Remo	oval from State	cemetery	PLACE AND DATE OF DISPOSITION (Name of en, crematory or other piece) rkwood Cemetery 1/26/96					DATE 20c. LOCATION — City or Town, State				
	21. SIGNATURE OF FUNESA SERVICE LICENSIES  22. NAME AND ADDRESS OF FACILITY  Schimunek Funeral Home  3331 Brehms Lane, Baltimore, Ma													
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart fathure. Liet pnly one ceuse on each line.  Approximate interval Batween Onset and Death disease or condition resulting in death)  Oue TO (or As A CONSEQUENCE OF):  Left Ventricular Failure  Due TO (or As A CONSEQUENCE OF):  A OR TIV VALUE STENOSIS  Due TO (or As A CONSEQUENCE OF):  CARDIA CONSEQUENCE OF):  Due TO (or As A CONSEQUENCE OF):  CARDIA CONSEQUENCE OF):  CARDIA CONSEQUENCE OF):  Due TO (or As A CONSEQUENCE OF):  CARDIA CONS													
	PERFORMED?										ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
	DID TOBACCO US	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S												
	EXAMINER?		HOSPITAL:			OTHER	t:	o 5 🗆 Residence	8 🗆 (	Other (Specify)				
	27. MANNER OF DEATH  1 Noturel 5 F	28b. TIA	ME OF JURY M		URY AT RK? 'ES 2 NO	28d.	DESCRIBE NOW	INJURY OC	CURED					
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, term, street, tactory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, term, street, tactory, office City or Town, Stete)									and Number	or Rural Rou	ite Number,		
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.										nd manner as stated.				
	29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	W I	L the	dru	pr	D/ci		D20	JMBER G	12	29d. DAT	E SIGNED (A	Aonth, Day, Year) 2 — 9 f	
	SENNIS CHO	BNICK	32. REGISTRA	ZVIN	M +	LOCUS	15	15 5H	450	rung, m	0 2	1801		
- 10	FEB 9			4	/ -									

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legibie. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Neme\_(First, Middle, Last) 2. Data of Daath 3. Time of Death **Physician** LERRU DAVLD 20 FEBUARY 3 /Medical 4c. County of Death

BACTIME 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** KORTHUEST RANDAUSTON HOSPITAL CONTEN If Under 1 Yeer | If Under 24 Hrs. | 8. Data of Birth | Months | Davs | Hours | Min. | (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 219-30-1110 120M 2□ F Director Usual Rasidance of Dacedant 72 hours after death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Exameter must be notified at 1 TYas 2 No Director Baltimore NA 10e Street and Number 10f. Zlp Coda 10g. Citizan of What Country? U.S.A 21216 Funeral 12. Was Decedant Evar in U,S. Armed Forces?

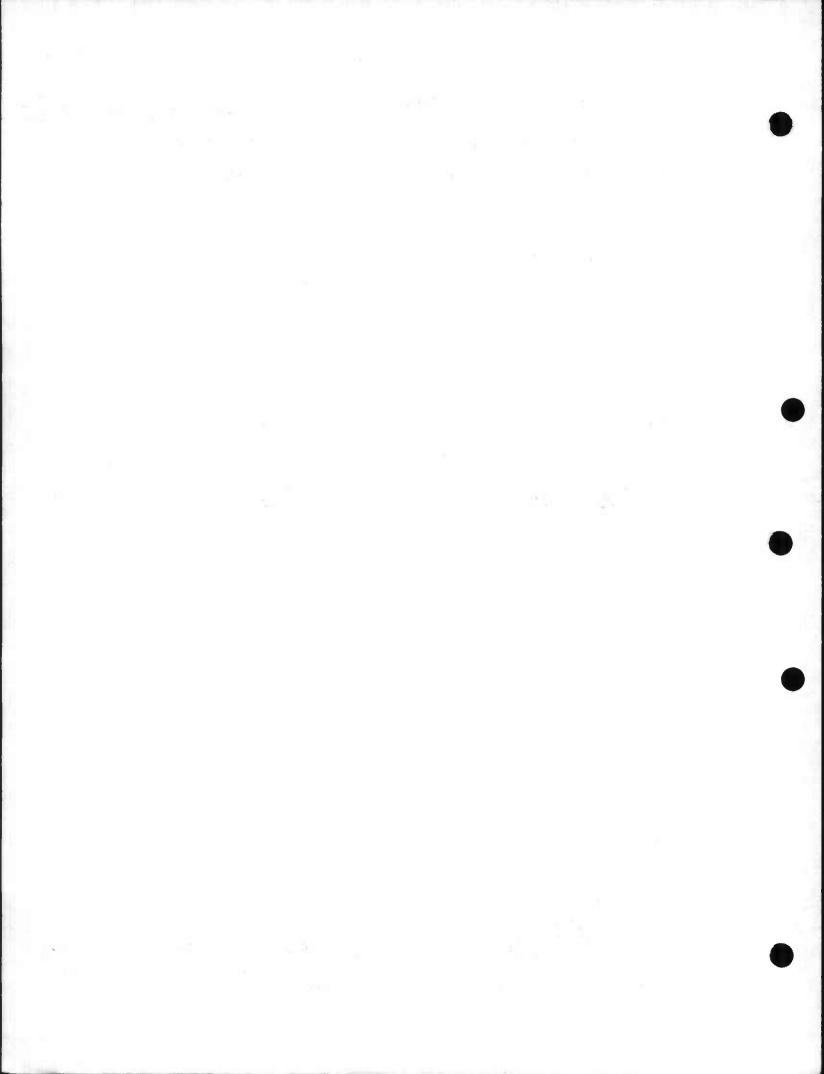
1 ☑ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 11. Maritel Stetus Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Never Marriad 2 Married 1 Yas 2 No Specify: Maryland 21215-0020 Specify: Black p 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Business/Industry State of Many brug Elamantary/Secondary (0-12) Collega (1-4or 5+) Hygiene. Correctional permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygiene Important: If Item 27 is marked other that any Injury or other traumatic event, Ins. 2006s. 12th grade Officer 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middle, Maldan Sumeme) Be Terry Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Coda) Terry Walbrook Duenne Balto, red Saltimore, 20a. Method of Disposition 20b. Place of Disposition (Nama of /camatary, crematory or other place) Data 20c. Location - City or Town, Stete 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramovei from State 9/96 Janrison Forest Vel 4 Donetion 5 □ Othar (Specify) 22. Nama and Address of Facility

March F. H. Was 21. Signature of Funerel Sarvica Licansee Fartt. Enter the disease, of complications that caused the daeth. Do not anter the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. 21215 Approximata Intarval Batween Onset end Deeth **Physician** /Medical Immediate Cause (Final Conorno U48 belas disease or condition resulting in death) Examiner Sequentially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Disaasa or Injury that initiated events resulting In death) Last Dua to (or as a consequence of) attending physician for use as the buria Box 68760. The law requires that the death certificate be Physician/Medicai Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 23b. Did tobacco use contribute to the cause of death? the isigned by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Conordo VAS Relaz HEREDOWY Division of Vital Records, by 24b. Wara autopsy findings available prior to completion of ceuse of deeth? Completed 24e. Was an autopsy performed? Hypon Towsfa certificate 1☐ Yes 2☐ No To the Hospital or Attending Physicism: wittings holes after death.

To the Fundral Director: After this certifical completely filled in by the fundral director, 25. Was cesa rafarred to medicel axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 8 Othar (Specify) 1 Yas 2 No Certification: To 1 ☐ mpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of Injury (Month, Day Yaar) 27. Manner of Daath 1 D Natural 28b. Tima of Injury 28d. Dascribe how injury occurred 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be detarmined 3 ☐ Sulcida 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homloide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner es stated.

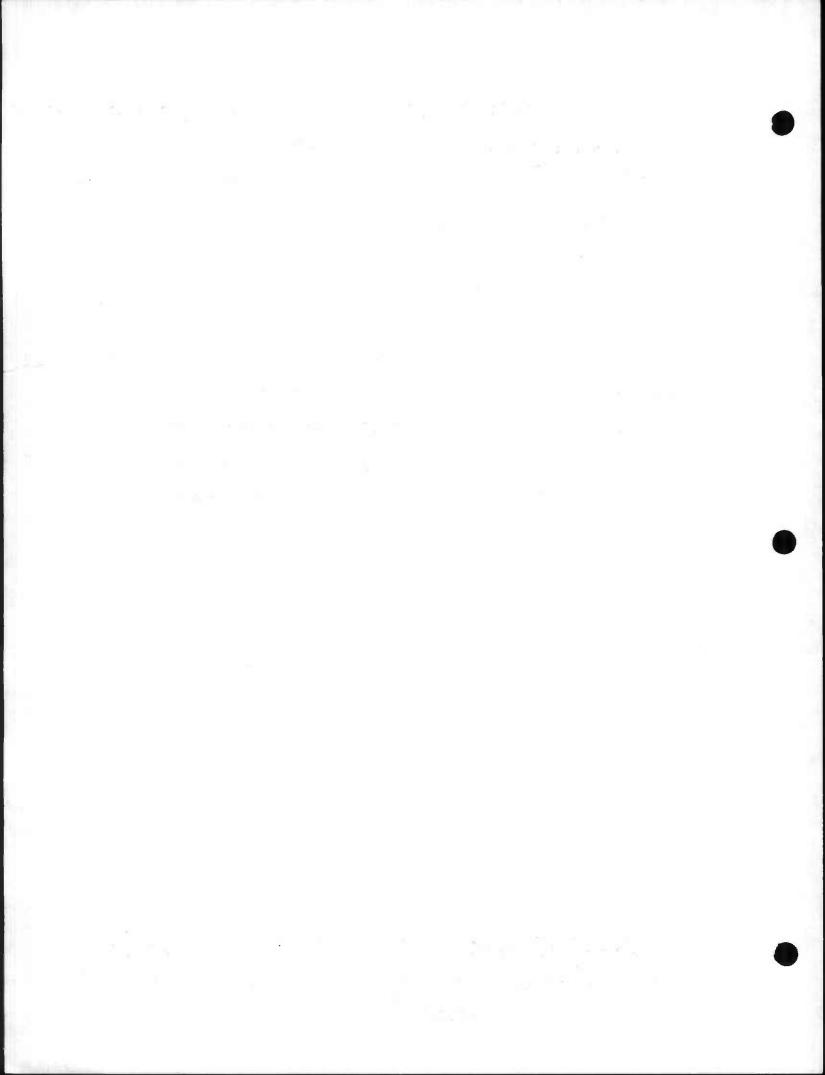
2 Medical Examinar: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) MD PAUDAUS TOUN Not. 211 30. Nama and address of parson who completed causa of death (Item 23a) (Type, Print) CONZIN bRIANDO CONANAN 3 my 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signature State Jalia Studyar Roll FEB 0 71996 Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene 96 02950

						Cer	tificate of	Death		Reg. No.	0 0	2330			
Physicia	an	1. Decedant's Name (F	irst, Middla, Lasi		1/21	1			2. Data of De Month		Yeer .	3. Time of Deeth			
/Medic	7		/	Jeal E.	Vang	nn			Februar	y 4, 1	996	7:20 am			
Examin	er	4a. Facility Name (If no.	t Institution, give	street end number)				4b. City, Town, or	Location of Death						
Funeral		Howard Count 5. Social Sacurity Number	y General	Hospital Ac	a (In yrs. last b	irthday)	If Under 1 Yeer			Howa:		iace (Stete or Foreign			
Director		415-46-3801 Usuai Rasidance of De		2M 2□ F 64		Yrs.	Months Days	Hours Min.	JULY	1 <sup>Year)</sup>	Coun Tenne				
how		10e. State 10	b. County		10c. City, To	wn or Loc	ation				1	0d. insida City Limits			
the Maryler 28a-f show	Director		bward	720	Jessup					1 ☐ Yes					
with the		10e. Street and Number 8205 Wahington Blvd.					10f. Zip Coda			10g. Citizan of What Country?					
leath	Funerai	11. Maritel Stetus	n Blvd.	12. Was Decedant	Ever In U.S.	13. W	20794	Hispenic Orlgin? (S	Spacify Yas or No	USA 14. Bed	se - Americ	an Indian			
21215-0020  3 within 72 hours after death with the Manfend liens.  1 then "nature!, or items 23s or 28s-f show the Madesi Examiner must be nedfied at	by	1 ☐ Nevar Married		Armed Forces? 1 ☐ Yes 2 ☐ If Yes, Give Yaar or Datas:					lispenIc Orlgin? (Spacify Yas or No- an, MaxIcan, Puarto Rican, etc.)  Specify:			atc.			
5-0 72 ho	Completed	15. (Specify o	Decedent's Edu	ication	166	a. Decede	ent's Usual Occu	pation during most of wo	rkina	16b. Kind of B	usinass/Inc	dustry			
within within than the Man	mpi	Eiamantary/Seconde		Collage (1-4or				during most of wo							
d 212 filed with Hygiena. ont, the M		Elementary 17. Fethar's Nema (First, Middfa, Last)				Construction 18. Mother's Name			Greenbriar na (First, Middla, Malden Sumeme)			ms			
should be filed and Mental Hygin marked other imatic event, I	To Be	C-1018/2017						Maxine S			,				
Maryland d 2 should be file th and Mental Hy 7 is merked othe traumatic event	-	John Claude 19a. Informent's Name.		vpe, Print)	19	b. Mailing	Address (Stree	t and Number or Ri		er, City or Town	Stata, Zip	Code)			
C = 0 +		Gary Ivan Va		n		3205 V	Wahington	Blvd., #15	Jessup, M	D 20794					
0 00 = -		20a. Mathod of Disposit		Ramoval from Stata	20b. Place camati	of Dispos a <i>ry</i> , cram	ition (Neme of atory or other ple	ice)	Dete	20c. Location	City or To	wn, Stata			
Baltimo pemit. Pag Department Important: If any Injury o		4 □ Donation 5 □	11 .		Savage	e Cent	etery	1	2–8–96	Savage,	MD				
Dem Perm Perm Perm Perm Perm Perm Perm Pe		21. Signature of Funere	Ma			Sla	Name end Addre	11 Hame, P.	A. Ellic	ott, City	r, MD 2	21043			
		23a. Part 1. Enter the di shook, or heart to	List only o	ications that causac ne cause on aach li	tha daath. Do	not anta	r tha mode of dyl	ng, such as cardla	c or raspiratory e	rrast,		Approximate Interval Batween			
Physician / /Medical		pmediate Cause (Fina	ai	Can	e de	1					1	Onset end Deeth			
Examiner		diseese or condition rasulting in death)	1	a. Cuv	Dua to (or as a		onary	arre	57		r	ninhtes			
70 2	ner			Chron	ic pul			10181 -1	on Pst	7190	1	D W/AVX			
\$8760, cate be asscuted physician and s the buriel-transit	Examiner	Sequentially list conditi	ons,	b	Dua to (or as a	consequ	ance of):					1			
60, be ax ician buriel		Sequentially list conditi if any, laading to imma- causa. Entar Underlyin Causa (Disaese or injur	ng ry	Cor	pulm					year					
68760, tificate be a ng physician as the burie	Medicai	that initiated events resulting in daath) Last		17	Dua to (or es e		/	10	-						
2 6 6	2			d. Cov	Coronary artery dt.						Bease 54				
daatt daatt ea atte	Physician/	Part II. Other significan	t conditions cor	ntributing to death b	ut not rasulting	in tha un	derlying causa gi	ven in Part I.	23b. Did	tobacco use co	ntribute to	the causs of death?			
I Records, P.O. The law requires that the da ta has been signed by the a page 2 should be deteched?	Phy								1)2(	23b. Dld tobacco use contributs to the cause of death?  1 2 Yes 2 No 3 Probably 4 Unknown					
signes th	py								a.VII.wo2		045 111	and the second s			
COrd v require been si should I	Completed								24e. Was perfo	an autopsy rmed?	eve	ere sutopsy findings eliable prior to mpletion of cause			
Vital Records, stellar: The law requires the cartificate has been signe rector, page 2 should be considered.	dmo								40	- Arm		death?			
	BeCc	25. Was casa rafarrad i	to medical					26 Place of De	ath (Check only o	/ 1	11.	Yas 2 No			
	P 0	examinar?		lospital:	int 2 ER/O	outpatient	3 DOA OI	har	loma 5 ☐ Rasi		ar (Specify	1)			
On of ding Phys h. After this funeral d		27. Mannar of Death 1 Naturel 5	☐ Panding	28a. Data of Inju (Month, Da	ry y Year) 28b.	Tima of injury	28c. Inju	ry at	28d. Describe	now injury occur	red				
SIO tendir leath. tor: Al	catio	<b>∠</b> Accidant	invastigation				M 1	Yas 2 No							
Orasion of Attending Parameter Attending Parameter Attendenth.  In Director: After ad in by the funer.	Certification:	4 ☐ Hornicide	datermined	28a. Placa of inj building, at	ury - At homa, f c. <i>(Specify)</i>	erm, stra	at, factory, office		28f. Location ( City or Tox	Streat and Numi vn, Stata)	ber or Rura	l Routa Number,			
Hospit 24 hour Funer tely fill	edicai	29a. Certifier (Check only one)	Certifying Phys Medical Exami	ner: On the best of and manner str	axamination a	je, daeth nd/or inve	occurred at tha ti estigation, in my	me, date and place opinion, daath occu	e, and dua to tha urred at tha tima,	cause(s) and m data and placa,	anner as st and dua to	ated. tha cause(s)			
To the within 2 Comple	X	29b. Signature and title	of certifier	mee	2 ~	7	29c. Lican			29d. Data signe					
		Im	oly 1.	/// Ula	1/1	Y	1	57537		45	196				
3		30. Name and eddrass	of person who co	completed causa of d	aath (Itam 23a)	(Type, P	rint) uce Ge	39537 orge Sti	1 aurel	MP	2070	7			
Stat	е	31. Data filed (Month, D	Pay, Yaar)	32. Registr	ar's Signetura	, ,									
Registra	ır	FEB 0 7	1996 💤	in dental	Market										



9c. COUNTY OF DEATH

3. TIME OF DEATH

REG. NO.

1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAMÉ (First, Middle, Lest)  2. DATE OF DEATH MONTH RAY											
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS. 7. DATE OF BIRTH											
_		217-27-3265 1 M 2 F 77 YRS. MONTHS DAYS HOURS MIN. MONTH, Day, toer A 10											
pinous		9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. (If not institution, give street end number)											
2, 38	8	BON SECOUR BATTIMORE											
<del>-</del>	[ ត្ត	100. STATE 10b. COUNTY , 1 10c. CITY, TOWN OR LOCATION											
nit. Pages	DIRECTOR	MD, N/A BALTIMORE											
nstt permit.	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 100. ZIP CODE 100.											
020 physician. burial-transit	5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 1 Never Maritad 2 Maritad 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 19. WAS DECENDENT OR HISPANIC											
9 2 2	BY	1 Never Married 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 3 Wildowed 4 Divorced   If yes, Specify:											
21 affe	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS											
D 21 spital or ed for	PLET	Elementer (Secondary, (0-12) College (1-4 or 5+)  RELESTION (5) / WAKER GOLD (											
YLAND by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest), / 17. MOTHER'S NAME (First, Middle, Melden Surmen											
> 66 c	BE	ALEXANDER HOWARD MARGARET Alow											
MA retain 5 sho	5	196. INFORMANT'S NAME (Nogripini)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  187. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  188. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State  189. MAILING ADDRESS (Street and Number or Rural Route Number or Rural Rout											
RE, may be		20s. METHOD OF DISPOSITION  20s. PLACE AND DATE OF DISPOSITION (Name of DATE 20s. LOCATION OF DISPOSITION (Name of DATE)											
0 9 pg		4 Donation 5 1/2 phar (Specify) / 1917 1 2400 47/90 Lange											
LTI ath. P uneral		21. SIGNATURE SE CINERAL SERVICE LICENBEE 22. WE AND ADDRESS WHAT SHE FUNDERS											
BA rs after de n by the fu removal.	Н	1500g // // / / / 270 HISON 495											
24 hou filled i on, or		23. PART L enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart tailure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease) condition resulting in death)											
P 5 - 8		DUE TO (OR AS A CONSEQUENCE OF):											
68 and and burn	NO	Sequentially list conditions,  DUE TO FOR AS A CONSEQUENCE OF):											
O O O O O O O O O O O O O O O O O O O	CATION	If sny, leading to immediate ceuse. Enter UNDERLYING											
O. B. certificate ling physygiene p	RTIFIC	CAUSE (Disease or Injury that Initiated events DyE TO (OR AS A CONSEQUENCE OF):											
O E BE	CERT	resulting in death) LAST d. Chronic abstracline Pulmo											
2 4 5 5 E	- 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOI PERFORMED?											
O # 2 # 6	EDICA	- congistine Heart gailire 106500 NO											
F 00 50 50	Σ	DID TORACCO LICE CONTRIBUTE TO CALICE OF DEATH. VEG. TO ALO TO LINICEDIANI											
~ 0 .:	SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
F VITA SICIAN: The certificate ha the State D or Item	SICI	EXAMINER?  1 YES 2 DNO  HOSPITAL: 1 Limpitient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
OF VITAL PHYSICIAN: The law this certificate has with the State Dep	РНУ	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)											
	ВУР	t Metural 5 Pending (Month, Day, real) (MONT) 2 Accident Investigation M t YES 2 NO											
0 5 4 5 6	ED	3 Suicide 6 Could not be 4 Homicide determined 26. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Nu City or Yown, State)											
DIVISION OPRECTOR: Dours after Item 28 I	E I	100 CESTIFIED											
TAL D	COMPLET	(Check only 1 DERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner en											
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	8	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due  29b. SIGNATURE AND TIPLE OF CENTIFIER											
THE THE PORT	BE	296. SIGNATURE AND TITLE OF CENTEFIER  29c. LICENSE NUMBER  29d. 323											
PASE	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print)											
6		ROSITA R. CRUZ BON SECOURS HOSPITA											
Emplement .		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											

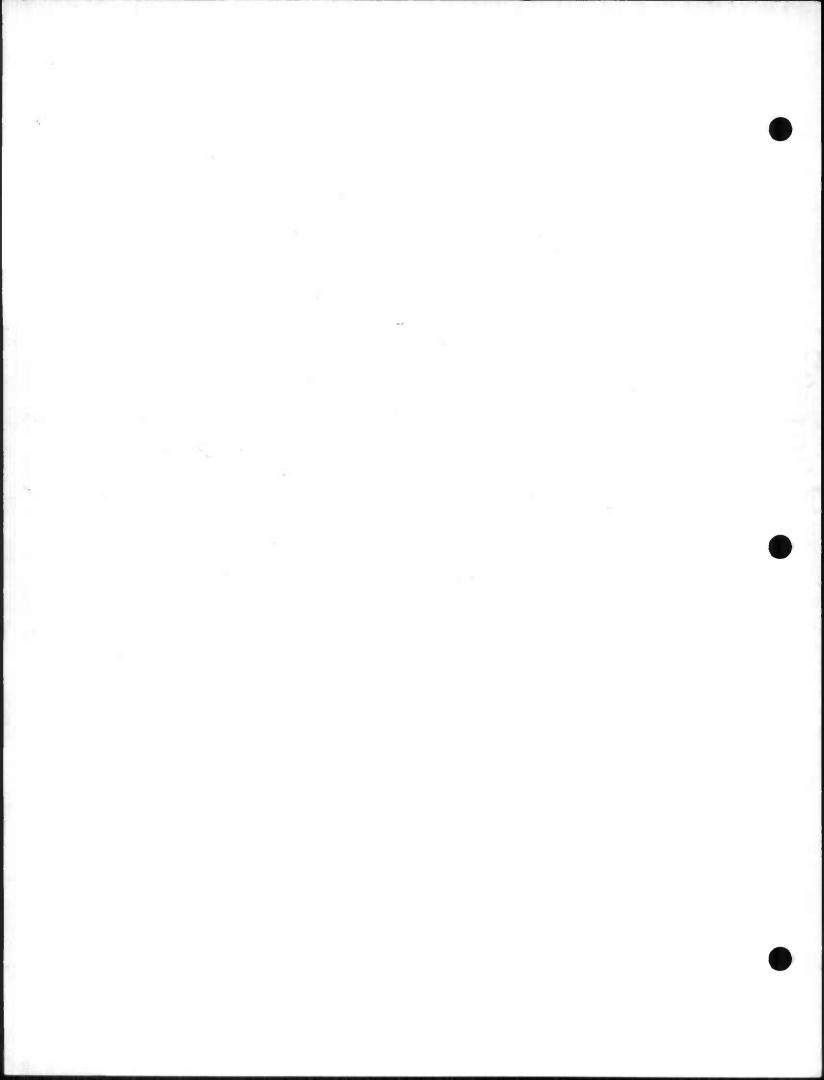
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

> 10d. INSIDE CITY 1 VES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. BUSINESS/INDUSTRY Approximate Interval Between Onset and Death distac monan 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY FORMED? 1 WES 2 NO W INJURY OCCURED reet end Number or Rural Route Number, tate) , end due to the cause(e) end menner ee stated. 29d. DATE SIGNED (Month, Day, Year)

> > DHMH-16 Rev 1/89

FFB 0 71996

32. REGISTRAR'S SIGNATURE



DIMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been easth with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

notified at once.

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						96	02952			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) PAUL LU	DWIG WA	LTER		2. DATE OF DEATH DO FER OF	YEAR YEAR	3. TIME OF DEATH 8: 25 A			
	4. SOCIAL SECURITY NUMBER 220-05-3932	5. SEX 6. AGE (In yrs. less	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 2, 1	Cour	THPLACE (State or Foreign niry) timore, MD			
OR	9m. FACILITY NAME (If not institution, give str St. Agnes Hospit		1	town or Location of D		9c. COUNTY OF				
DIRECTOR	10a. STATE 10b. COUNTY MD Baltim	ore City	Baltim				10d. INSIDE CITY LIMITS?			
FUNERAL I	100. STREET AND NUMBER 923 Francis A		Dat Clin	101. ZIP CODE 21227		10g. CITIZEN OF	1 ☑ YES 2 ☐ NO WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 **Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPA If yee, specify Cuban, Mexico 1 YES 2 NO Specify	an, Puerlo Rican, etc.)	or No- 14. RAI Bla Spi	CE — Americen Indian, ck, White, etc.			
8	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)  (Gi	,	CCUPATION during most of working	16b. KIND OF BUS	Whi	te			
COMPLET	17. FATHER'S NAME (First, Middle, Leat) Rudolf R. Wal		tcher	cher food  18. MOTHER'S NAME (First, Middle, Melden Surneme)  Mary Haggis						
TO BE	19a. INFORMANT'S NAME (Type/Print) Rudolf R. Walter	196		S (Street and Number or Rural meadow Rd.	Route Number, City or Town		21136			
	20e. METHOD OF DISPOSITION  1									
	and Signature of Funeral Service Lice	2 Cine		name and address of Fa	ашту 11824	Reiste	rstown Rd.			
0		omplications that caused the de- lat only one cause on each line.	ath. Do not enter	the mode of dylng, suc	h as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death			
	immediate cause (Final disease or condition resulting in death)	Sepsis &	Sepsis, Septie Shock, Pneumonia.							
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEA									
CERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEO	UENCE OF):							
MEDICAL (	PART II. Other significant conditions	contributing to death but not re	eaulting in the ur	iderlying cause given in	Part i. 24a. WAS AN. PERFOR 1 TYES 2	MEO?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		TH YES [		ND	Ch	1 TES 2 NO			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Pinpatient 2 ER/Outpatient 3	OTHE		6 ☐ Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW IN	JURY OCCURED				
E	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At hor building, etc. (Specify)	nd Number or Rural	Route Number,						
COMPLET	one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, des : On the basis of examination and/or in					(e) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	m = 1 = 16	2 m	29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)			

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950

Than Poon, MD SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Caton Ave.

1996 FER 01

HOSPITION

toon 32. REGISTRAR'S SIGNATURE

DNMN-18 Rev 1/89

107H; HOBPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

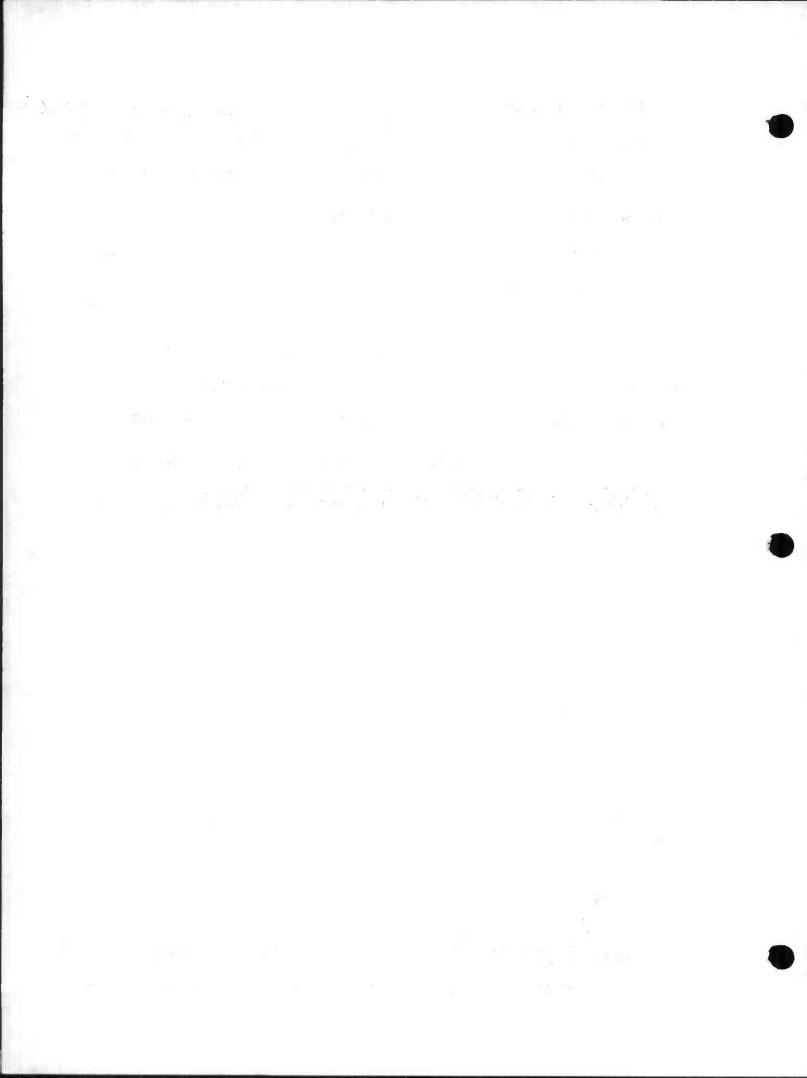
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Watkir	), C		2. DATE OF DEATH	YEAR 5.03 P. M						
	N10			UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country)						
	9e FACILITY NAME (If not institution, give street	et and number)	96	CITY, TOWN OR LOCATION OF D	1-25-1909 EATN 8c.	COUNTY OF DEATH						
CTOR	Camaen Yar	d Nursing	Home	Baltimore		A/N						
DIRECTOR	10a, STATE 10b, COUNTY	NA	0 1	innorcion Fimorc		16d. INSIDE CITY LIMITS?						
RAL	100. STREET AND NUMBER	Bentalou	e Stre	10f. ZIP CODE	10g	CITIZEN OF WHAT COUNTRY?						
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerlo Rican, etc.)  14. RACE — American Indian, Black, White, afc.											
ED BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES 2 N NO Specia		SpoolBlack						
	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		Se. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	166. KIND OF BUSINES							
COMPL	17. FATNER'S NAME (First, Middle, Last)		Domes		AME (First, Middle, Meiden Surne	Homes						
8	Isaac Ga	allop	19b. MAILING AD	EMMA  DRESS (Street end Number or Rural	Jane Go	a llup						
٩	Shirley Robins		35218	Elmora Ave.	Baltimore.1	Md 21213						
	26a, METNOD OF SISPOSITION  1 Description   1		ACE AND DATE OF D ary, crematory or other		1	more, Md.						
	21. SIGNATURE OF FUNERAL SERVICE LICE	ASEE CON	2 /	22. NAME AND ADDRESS OF FI March Funer	al Home-Wes	st Md 21216						
	23. PART I. Enter the diseases, or co	mplicetions that caused to	ha death. Do not	H300 Waba:	-	111010 , 101						
	IMMEDIATE CAUSE (Final disease or condition	Alheroze		e Cordin	+ dianago	Onset and Death						
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING											
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):									
	d. PART II. Other algnificant conditions	contributing to death but	not resulting in t	he underlying cause along in	Part I. 24s, WAS AN AUTO	DPSY 24b. WERE AUTOPSY FINDINGS						
EDICAL	PATT II. OTHER SIGNIFICANT CONDUCTOR		not resulting in t	na unuariying cause given ir	PERFORMED	? AVAILABLE PRIOR TO						
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO ☑ UNCERTA	N D	1 TES 2 NO						
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH	Check only one)								
PHYSICIAN:	27, MANNER OF DEATN	1 Inpetient 2 ER/Outpeti 28s. DATE OF INJURY (Month, Day, Year)	285. TIME O	Nursing Nome 5 Residence F 28c. INJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE NOW INJUR	Y OCCURED						
BY	1 Nsturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, stree	M 1 YES 2 ND	281, LOCATION (Street end Ni City or Town, State)	lumber or Rural Route Number,						
COMPLETED	4 Nomicide datermined											
OMP	(Check only			t the time, data end piece, end du n my opinion, death occured at th		se stated.						
8	296. BIONATURE AND DITLE OF CENTIFIER	W.	1.7	29c. LICENSE NO.	MBER 29d	A. DATE SIGNED (Monthy Day, Year)						
2	10. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	N (ITEM 27) (Typo, Pri	"li more	MN	21201						
	31. DATE FILED (Month, Day, Year)	31. REGISTRAR'S SIGNAT	URE	,,,,,,,	· 1/							
	FEB 0 7 1996	Jahr Studion	- Transleth									

2 3 

State of Maryland / Department of Health and Mental Hygien® C

					, , , , , , , , , , , , , , , , , , ,		rtificate o	f Death		Reg. No.	U	2934
	Physic	ian	1. Decedent's Nama (First, Middla, L	•					2. Data of De Month	ath Day	Year	3. Tima of Death
	/Medi		JIMMY DALE WAR						FEBRUA	RY 5, 1	996	11:46AM
7	Examir	ner	4a. Facility Nama (If not institution, gi 1206 ELM ROAD	ve street and numbe	r)			4b. City, Town, or BALTIN		4c. County		IMORE
	Funeral Director		5. Social Sacurity Numbar 6. 215-30-5543 Usual Residence of Decedent	Sex 7. A 1 1	Aga (In yrs. Ia 61	st birthday) Yrs.	If Undar 1 Yes Months Day		8. Date of Bir (Month, Da APRIL	I'3, 1934	9. Birth	place (State or Foraign NTUCKY
	dend w		10a. State 10b. County		10c. City,	Town or Lo	cation		10d. Inside City Limits			
	n the Marylen r 28a-f show	tor	MARYLAND BALTI	MORE		В	ALTIMORE					1 ☐ Yes 2 No
	th with the 23a or 28	Funeral Director	10e. Street and Number 1206 ELM ROAD		<u>'</u>		10f. Zlp Code 212			10g. Citizan of \	What Cou	
21215-0020	ours after dee al', or items Examiner m	þ	11. Marital Status  1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorcad	12. Was Dacedan Armed Forcas 1 XYes 2 If Yes, Giva Yaar or Dates	? ] No		Was Decedent of f Yas, specify Cu 1 ☐ Yes 2 ☐XN	Hispanic Origin? (Suban, Mexican, Puer o Specify:	Specify Yas or No to Rican, atc.)	14. Rac Blac Specify	ck, White,	can Indian, atc. HITE
5-0	d within 72 hours jiena. r than "natural", gre Medical Exe	Completed	15. Decedent's E (Specify only highest gi	ducation ade completed)		16a. Deced	lent's Usual Occ	upation e during most of wo	rkina	16b. Kind of B	usinass/în	dustry
121	within ena.	mpk	Elementery/Secondary (0-12)	Coilege (1-4o	5+)		DO NOT use reti PENTER/I			KATSER	ALUMINUM	
	offiled withing the Hygiena.	ပိ	6TH GRADE  17. Father's Nama (First, Middle, Las	t)		CAR.	PENIEK/I	1	me (First, Middle, Malden Sumame)			
an	d be i	o Be	CHESTER WARD	7					CAMPBELL			
Baltimore, Maryland	d 2 shoul th and Me 7 Is mart traumati	2	19e. Informent'a Name/Retationship CAROL ANNE WARD	(Type, Print)				et and Number or R				Code)
	permit. Pages 1 and 2 should be filed Depertment of Health and Mental Hyg Important: If tem 27 is marked other eny injury or other traumatic event, once.		20a. Method of Disposition  1 Burial 2 Commation 3 4 Donation 5 Othar (Special Commands)		e cei	matary, cren	sition (Name of natory or other p ERVICE (		Date 2/7/96	20c. Location -		own, Stata
Balti	permit. Depertminents on Injury		21. Signature of Funeral Service Lice	risee /	1.2	HU HU	Nama and Add		ME, INC.	OPE WD	2	1220
			23a. Part1. Enfar tha disease, or cor shock, or heart failura. List only	nplications that cause	ed the death.						۷.	Approximate
	Physician /Medical Examiner		Immediate Cause (Finat disaase or condition resulting in daeth)	^	PIRA						1	Interval Between Onsat and Death
		ě				as a consec		. ^			1	DYEARS
K 68760,	artificeta be executed ing physician and e es the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	s e consequence		2 HCC	DANTS			01648
D. Box	that the death cert ed by the attendin detached for use	Physician/N	Part II. Other significant conditions	dcontributing to death	but not result	ting in tha u	nderlying cause	given in Part f.	23b. Dld	tobacco uss co	ntributs t	o the cause of death?
P.O.	F > 2								10	Yes 2□ No	3□ Pro	bebly 4 Onknown
Records,	law requires that the les been signed by th s 2 should be detache	Completed by								an autopsy omed?	an cc	Vere autopsy findings rallable prior to ampletion of cause death?
æ	ysician: The lavis certificate hes director, page 2	Eo							1 🗆	Yes No	1	□Yes 2 No
Vital	lan: rtiflica ctor, p	Be	25. Was case referred to medicat examiner?					26. Plece of De	eth (Check only			-
× ×	5 00	To	1 Yes 2 No	Hospitai: 1 ☐ Inpa	tient 2□E	R/Outpatien	t 3 DOA	Other: 4 Nursing	Homa Resi	denca 6 □Oth	er (Speci	fy)
n o	Aftar th		27. Manner of Death  Natural 5 ☐ Panding	28a. Date of In (Month, D	lury lay Year)	28b. Time of tnjury	W		28d. Describe	how injury occur	red	
Division of	To the Hospital or Attending Phi within 24 hours efter death. To the Funeral Director: After thi compietely filled in by the funeral	Certification:	2 Accident Invastigation 3 Suicide 6 Could not lead to determine	28e. Plece of I	njury - At hon etc. (Specify)	ne, farm, str	M 1 eet, fectory, offic	1 Yes 2 No			al Routa Number,	
	To the Hospital or Attent within 24 hours efter deat Vibrathe Euneral Director: completely filled in by the	edical C	29a. Certifier (Check only one) Certifying P	hysician: To the bes miner: On the besis and manner s	of examination	edge, death on and/or inv	occurred at the restigetion, in my	time, date and place oplnion, death occ	e, and due to the urred at the time,	cause(s) and madate and place,	anner as a end due t	atated. o the cause(s)
	To the Comp	Σ	29b. Signature and title of certifler	255	$\sim$		29c. Lica	nsa number		29d. Data signe	d (Month,	Day, Year)
			1 XIVE	MI			0	40012		FERRUA	ny	5,1996
	10		30. Name and address of person who	completed cause of	death (Item 2	23a) (Type,	Print)					
	1 0		DR. SCOTT PULT		-		VENUE -	SUITE 10	7 - BALT	'IMORE,	MD	21229
	Sta Registr		FEB 0 71996	32. Regis	tra 9 Signatu	re						

DHMH 16 Rev 6/95



OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within PIVISION OF VITAL RECORDS, P.O. BOX 68760

									70	) U	2333	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR	RITMENT OF I	EALTH AN	D MEN1	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF OEATH			. TIME OF CEATH	
	Jane C. Wittkop						Fel		AY	YEAR	2:10 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR				IF UNDER 24 HR	s. 7. DA	TE OF BIRTH		8, BIRTHPI	LACE (State or Foreign	
	095-12-2376	1 □ M 2 🔀 F	73	YRS.	MONTHS DAYS	HOURS MIN		onth, Day, Year)	1022	Country)		
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF	FOEATH	b. 10,		NEW NTY OF DEA		
DIRECTOR	Howard County Ge		spital			olumbia	OLA!!!		J. 600	Howa	_	
E C	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	ION			_	1	Od. INSIDE CITY	
DIA	Maryland Ho	ward			Ellic	ott Ci	tv				LIMITS?	
	10e. STREET AND NUMBER				ZIP CODE			100 CITI		☐ YES 2 🔀 NO AT COUNTRY?		
FUNERAL	3435 Plum Tree Apt. F 21042 U.S.											
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 N Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, OIVE V	T EVER IN U.S. ARI YES 2 1 N WAR OR DATES	MEO O	if yes, sp	ENDENT OF HIS ecity Cuban, Me 2 X NO Sp	xican, Puerl	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE - Black, Specify:	- American Indian, White, etc.	
	15. DECEOENT'S EDUC										White	
COMPLETED	(Specify only highest grade	completed)	16a. DEC	DEDENT'S	USUAL OCCUPATION work done during mose retired.)	ON st of working	1	6b. KINO OF BU	SINESS/INC	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	·) [		-			~		-7	,	
Σ	12			Secr	etary					y Clu	b	
20	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Melden	Sumame)			
BE	Charles Cox					Grace						
2	19a. INFORMANT'S NAME (Type/Print)  Charles J. Weigand (Son)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  356 Salem Turnpike Bozrah, Conn. 06334											
	20e. METHOD OF DISPOSITION 1 Counted 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1997) 1 Counted 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State											
	Golden Gate National Cemetery San Bruno, California											
	21. SIGNATURE OF FUNERIAL SERVICE LIC	ENSEE	- I GOIGE	II Ga	22. NAME A	ID ADDRESS OF	FACILITY	y ISali	Brun	o, Ca	IIIornia	
			1					1 C Wit	zke	Funer	al Homes	
	Resalles		Se		1630	Edmond:	son A	venue (	Caton	svill	e, Maryland	
	23. PART I. Enter the diseases, or o	omplications the	t caused the dea	th. Do r	not enter the mo	ds of dylng, s	such as ca	rdisc or respi	ratory srr	eat,	Approximate	
	ahock, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel											
	disease or condition											
	resulting In death)  s. Acute Anterior Myocardial Infarction  Due to (DR As A Consequence Of):										17 hours	
-												
CERTIFICATION	Sequentially liet conditions,											
ΑŢ	if any, leading to immediate cause. Enter UNDERLYING		•									
윤	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSECU	UENCE OF	Pi-							
ĒΙ	resulting in death) LAST				,							
9		i									-	
- 1	PART ii. Other aignificant condition	contributing to	death but not re	suiting i	in the underlying	ceuse given	In Part i.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINGINGS	
2								PERFOR			MILABLE PRIOR TO DMPLETION OF CAUSE	
								1 TYES 2	⊠ NO	0	F DEATH?	
Σ	DID TOPACCO LISE CONTE	UDULTE TO CA	LICE OF DEAT	11 20						1	☐ YES 2 NO	
AN	DID TOBACCO USE CONTR	GROTE TO CA				UNCERT	AIN L					
Ŭ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check only one) OTHER:							
PHYSICIAN: MEDICAL	1 TYES 2 NO	1X Inpatient 2	ER/Outpatient 3	□ DOA	4 - Nursing Hom	5 🗆 Residen	e 8 🗆 Oti	her (Specify)				
표	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM		JRY AT	26d. O	ESCRIBE HOW II	NJURY OCC	UREO		
B	1 Natural 5 Pending 2 Accident Investigation					ES 2 NO						
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Numb										te Number,	
밑	4 Homicide determined	- Patricing,	(opoolly)				CA	ly or Town, Stete)				
COMPLETE	290. CERTIFIER	TAN: To the heat of	mu kaaminan s	45								
MP	(Check only one)											
8	WEGICAL EXAMINE	T. On the basis of ex	amination end/or in	rvestigatio	n, in my opinion, d	eth occured at 1	the time, da	te and place, and	d due to the	e cause(e) e	nd menner as stated.	
- 1	296. SIGNATURE AND TITLE OF CERTIFIER	4	1			29c. LICENSE N	UMBER		29d. DATE	SIONED (M	onth, Day, Year)	
D35217										/6/96		
임			E OF DEATH (ITEM						/	-, -,		

Columbia, MD 21044

11055 Little Patuxent Parkway

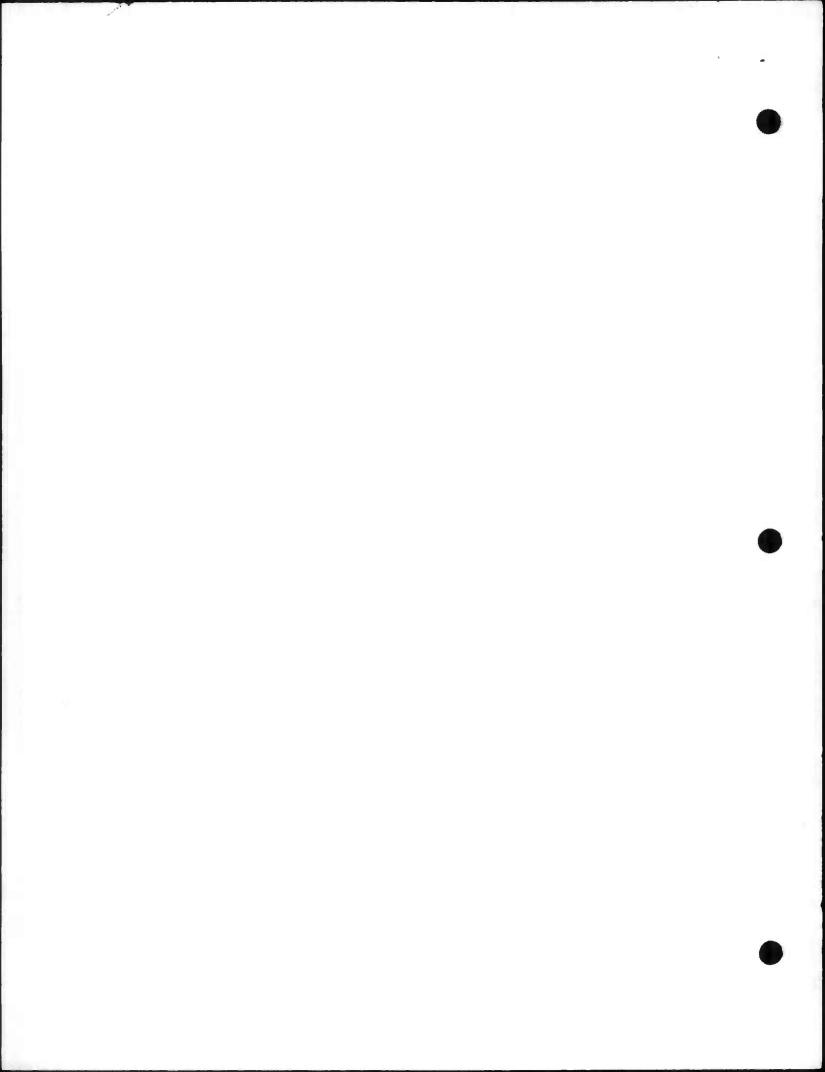
S. Jackson,

M.D.

32. REGISTRAR'S SIGNATURE

David

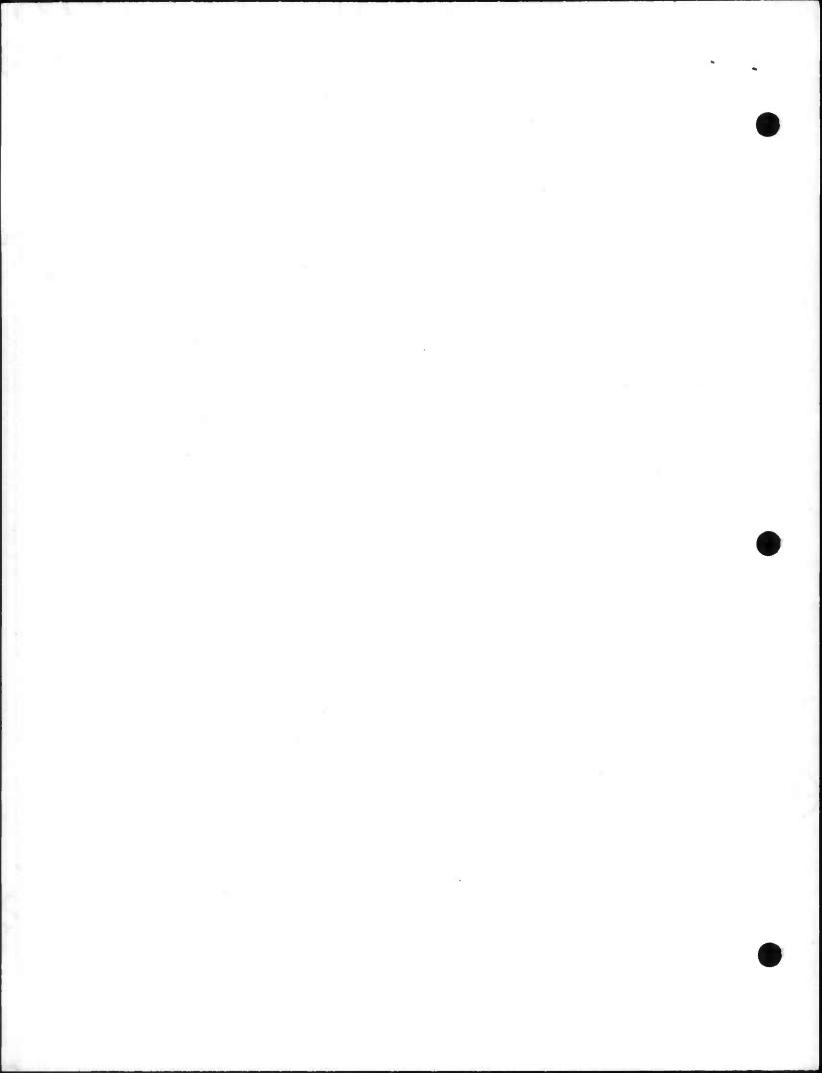
31. DATE FILEO (Month, Day, Year)
FEB 0 7 1996



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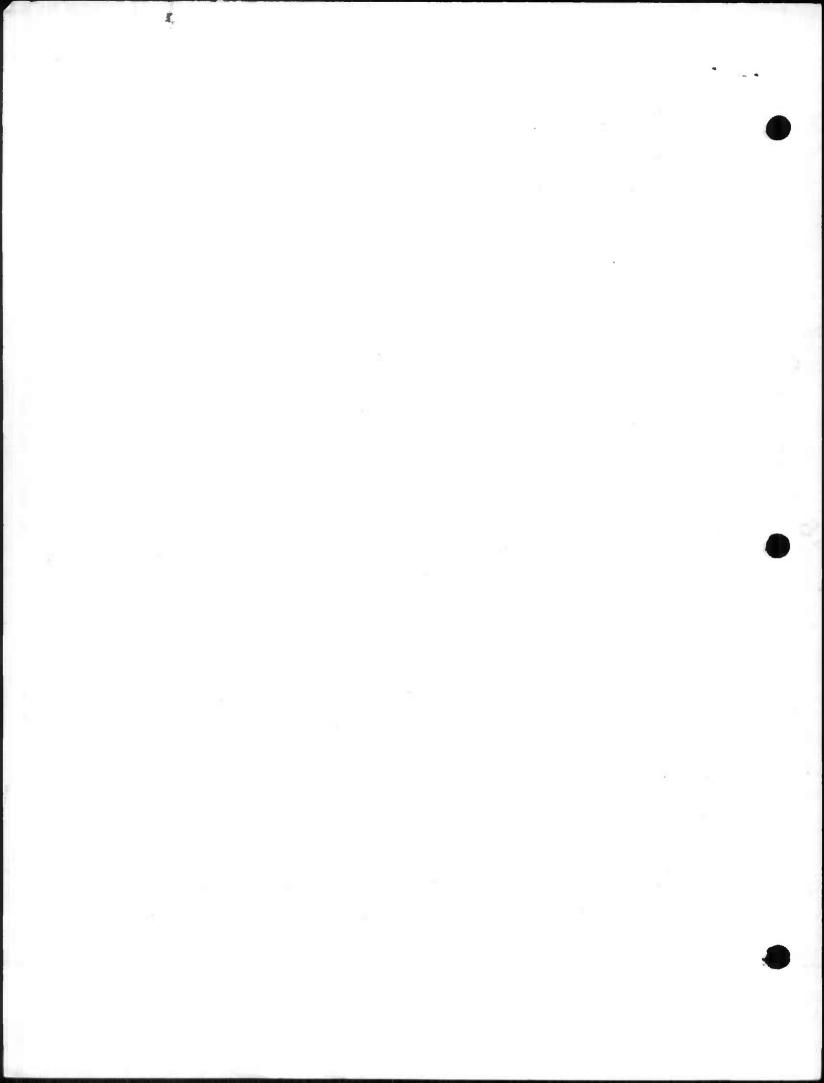
	96	025
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	

		REGISTRAR				CERTIF	ICATE	OF DEATH		REG. NO.		
		1. DECEDENT'S NAME (First, M	iddle, Last)						2. DATE OF		MELL	3. TIME OF DEATH
		Angeline		н.	1	Walker			Feb.	5 5	1996	1:15 P M
		4. SOCIAL SECURITY NUMBER	21	5. SEX	6. AGE (	in yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7 DATE OF	BIOTAL		PLACE (State or Foreign
		275-20-7865		1 M 2 X F		71 YRS.	MONTHS D	AYS HOURS MIN.	Feb.	24, 192	Country	Ohio
1, 2, 3 should		90. FACILITY NAME (If not instit	ution, give s	street end number)			9b. CITY, TO	OWN OR LOCATION OF D			COUNTY OF DE	
	<u>۳</u>	6980 Pindell	Scho	ol Road			Fult				Howard	
	СТОВ	RESIDENCE OF DECE		- Itoda			1 41				HOWAL	
ges	DIRE	10e. STATE	Db. COUNT	Υ		10c. CI	TY, TOWN OR I	LOCATION				10d. INSIDE CITY
<u>ب</u>		MD	How	ard		F	ulton					1 YES 2 NO
permit. Pages	A P	10e. STREET AND NUMBER						101. ZIP CODE		10g	. CITIZEN OF W	
nsit.	ERAL	6980 Pindell	l Sch	ool Road				20759			USA	
15-0020 ending physician, as the burial-transit	FUNE	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN	U.S. ARMED	13. WAS	S DECENDENT OF NISPA	ANIC ORIOIN?	Specify Yes or No	- 14. BACE	- American Indian,
00 PF PF PF PF PF PF PF PF PF PF PF PF PF		1 Never Married 2 M		FORCES? 1 [ IF YES, GIVE WA	YES	2 NO	If ye	es, specify Cuben, Mexic YES 2 X NO Spec	an, Puerto Rica	in, etc.)	Black	White, atc.
ding ding	BY	3 Widowed 4 Divorce	d					TES E MY NO Spec	ny.		Specif	White
215-00 attending ise as the	G	15. DECED (Specify only hi	ENT'S EDU	CATION COMPRISED		16a. DECEDENT'S	USUAL OCCU	IPATION	16b, KI	ND OF BUSINESS	S/INDUSTRY	
2 9 2	H H	Elementary/Secondary (0-12		College (1-4 or 5+)				ng most of working	John	ns Hopk	ins Ap	olied
ND hospitz lached	를	12		4		Secreta	ıry		Phys	sics La	borato	ry
	COMPLET	17. FATHER'S NAME (First, Midd						18. MOTNER'S N	AME (First, Middle, Meiden Surname)			
Z & & W	ш	Edwin J. He	effne	r				Olive	L. Sta	adler		
MAR retained 5 should	B	19a. INFORMANT'S NAME (Type	√Print)			19b. MAILING	ADDRESS (S	treet end Number or Rural	Route Number,	City or Town, Stet	e, Zip Code)	
		James H. Walk	ker	(Spouse)		6980 F	Pindell	School Re	d. Full	ton, MD	20759	9
may be		20a. METHOD OF DISPOSITION			20b.	PLACE AND DATE	OF DISPOSITION	Neme of Fel	OATE	20c. LOCATIO	N City or Tov	vn. State
Page 6 ma al director, p		1 Donetion 5 Other (Sci		oval from State	cam	etery, crematory or ce	other place)	LE	1996		sville	
E SE		21. SIGNATURE OF FUNEBAL S	ERVICE LIC	CENSER	2	2						
		1		) '>	al-		Lerc	ME AND ADDRESS OF F	sell C	Witzke	Funera	al Home
BAL ter death. the funer wal.		Lyss	acco	nug	ac (			Twin Kno				21045
hours after ed in by the or removal		23. PART i. Enter the dise shock, or hear	ases, or o	complications that List only one ceus	caused	the deeth. Do	not enter the	e mode of dying, au	ch aa cerdiad	or reapiratory	/ arrest,	Approximata
filled i		IMMEDIATE CAUSE (Final		~			,					Onset and Death
and the		disease or condition resulting in death)	•	· (larc	nom	n. OF	brezet	- motestat	icta bu	ein and	bone	24104
ompletel or crema	1 1			DUE TO (	OR AS A	CONSEQUENCE O	F):	77100-71-7	7		- 0, 4	1
		Consendado Habara and Aldres		b								
A =	CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
BO ate be aysicia prior	2	CAUSE (Disease or Injury										
ertifica ing phy giene	1 1 1	that initiated events	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
e Hy	出	resulting in death) LAST		d								
(DS, P.O. Bo the death certificate by the attending physion of Mental thygiene pr Injury, or other to		PART II. Other significent	condition	a contribution to d	leath h	ut not moulting	In the conde	dulan assessments to	Date la			
- 55	EDICAL		- Condition	e contributing to c	roa(ii D(	at not readiting	in the under	nying ceuse given in	Part I.   24	e. WAS AN AUTOR PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
res that igned by eafth and	Ö		_						1	TYES 2 NO		COMPLETION OF CAUSE OF DEATH?
requir	Σ							17		/\		1 WES 2 NO
	Ϊÿ	DID TOBACCO USE	CONT	RIBUTE TO CAU	JSE O	F DEATH YI	ES   NC	UNCERTAI	N 🗆 📗			71
N: The law ficate has State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	IEDICAL	HOSPITAL:		26. PLACE OF DEA		one)				
SICIAN: The Certificate of the State	S	1 TYES 2 NO		1   Inpatient 2	ER/Outpo	etlent 3 DOA	OTHER:	Nome 5 Residence	6 Other (S)	pecify)		
This cer with th	1	27. MANNER OF DEATN		28a, DATE OF II (Month, Day		28b. TIM	IE OF 284	c. INJURY AT WORK?	28d. OESCRI	BE NOW INJURY	OCCURED	
NG PHYS fler this can marked	BY	1 Netural 5 Per 2 Accident Inve	nding patigation	(				YES 2 NO				
NDING I: After r death		a C autit	uld not be	28e. PLACE OF building, at	INJURY	— At home, ferm,	street, fectory,	office		ON (Street and Nu	mber or Rural Ro	oute Number,
OR ATTENDING PHYSICIAN: The OR ATTENDING PHYSICIAN: The PINECTOR: After this certificate hours after death with the State (19mm 28 is marked, or item	I W		ermined	bonding, at	ter (apper	ny)			City or It	own, Stete)		
DIRECT DIRECT INCURS		290. CERTIFIER 1 CERTIFY	INO PNYSI	CIAN: To the heat of	ny kaomi	adaa daath aanum	and at the stare	Annual designation of the second				
로보다	5							date end place, end during death occurred at the				
HOSPITAL FUNERAL Within 72	8	4						on, death occured at the	time, date en	) prace, end due	to the cause(s)	end menner es stated.
TO THE HOSPI TO THE FUNER TO FILE WITHIN	H	296. SIGNATURE AND TITLE OF	CERTIFIE	/				29c. LICENSE NU	MBER	29d.	DATE SIONED	Month, Day, Year)
222	2	Mount	4 (	ujin	n	)		11)043	47		1765	1991
	-	20. NAME AND ADDRESS OF PE	1	O COMPLETED CAUSE	OF DEA	ATN (ITEM 27) (Type	Print)	01		\		
		( North Ers	4/4	m) of	< no	11 North	Unvi	Glube	2 m	1) 2	1045	
		FEB 0 7199	16	32. REGISTRAR	S SIONA	TURE						
		1 1 0 0 1 133	0	100								



TO THE HOSPITAL DR ATTENDING PHYSICIAN THE MENULAS STATE THE GREAT CARTIFICATE DE EXECUTED WITHIN Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certification unded by the attending physician and completely filled in by the funeral director, page 5 should be detached by find within 72 hours after death with the State Dent, of Heath and Mental Hydrene brior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
rithin 24 hours af	letely filled in by remation, or remo	ent, the medica	
te be executed w	sician and comp prior to burial, cr	traumatic eve	
death certifical	e attending phy lental Hydiene	ury, or other	
that the	Health and M	ows any Inju	
A The law in	State Deot. o	r Item 23 sh	
DING PHYSICI	After this cert death with the	s marked, o	
TAL DR ATTEN	AL DIRECTOR	If item 28 i	
TO THE HOSPI	TO THE FUNER	IMPORTANT:	(

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPA CERTI					REG. N				
	1. DECEDENT'S NAME (First, Middle, Lest)	White	<u> </u>	TOATE	- 01	DEAL		2. DATE OF DEATH	DAY O	S. TIME OF DEATH  10°27PM		
	4. SOCIAL SECURITY NUMBER 024-12-17 95	5. SEX 6. AC	GE (In yrs. last birthda)	MONTHS	t YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Wear) Feb. 15,	8.	BIRTHPLACE (State or Foreign Country) MA		
	9a. FACILITY NAME (If not institution, give s						ON OF DEA		9c. COUNTY	Y OF DEATH		
DIRECTOR	Good Samaritan Ho	spital		Ba	ltim	ore			N/A			
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN (	OR LOCAT	ION				10d, INSIDE CITY		
뜸	MD Ho	ward		Clark	svil	le			1 YES 2 X NO			
AL.	10e. STREET AND NUMBER		· · · · · · · · · · · · · · · · · · ·		10t.	ZIP CODE				N OF WHAT COUNTRY?		
FUNERAL	7510 Lairds Way					210	29		USA			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	R IN U.S. ARMED ES 2 NO R DATES	2 NO If yes, specify Cuben, Mexicen,					Yee or No 14	RACE — American Indian, Black, White, etc. Specify: White			
0	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT	'S USUAL O	CCUPATIO	ON at an unchile		16b, KIND OF I	SUSINESS/INDUS	STRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done use retired.)			NO.	TToo 1 to	- D:-14			
MP	12	5+	Regist	erea	Nurs				n Field			
	17. FATHER'S NAME (First, Middle, Lest) Anthony J. Vell	eca						E (First, Middle, Melo Falcone	en Sumeme)			
BE	19e, INFORMANT'S NAME (Type/Print)	Cou	19b. MAILI	NG ADDRES	S (Street a			oute Number, City or	lown. State. Zip Co	nde)		
5	Anthony J. White		7510	Lair	ds W	lay,	Clar	ksville,	MD 210	29		
	20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Rerr  4 Donetion 8 Other (Specify)	novel from State	206. PLACE AND DAT cemetery_cremetory of Meadowric	other planel				DATE 20c.				
	21. SIGNATURE OF FUNERAL SERVICE-LA			22	NAME AN	ID ADDRE	SS OF FAC	LITY		neral Home		
	Disserver			55	55 I	win	Knol	ls Rd. C	olumbia	, MD 21045		
	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Due to (OR AS A CONSCIUENCE OF)											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
MEDICAL (	PART II. Other significant condition	na contributing to deat	h but not resultin	g in the u	nderlyini	g cause	given in F	Part I. 24a. WAS ERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
AN: M	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES 🗆	NO X	UNC	ERTAIN			1 TYES 2 (XNO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NGEPITAL:	26. PLACE OF D									
PHYSICI	1 TES 2 NO	1 Dinpatient 2 ER/C				6 5 R	eldence (	Other (Specify)				
	27. MANNER OF BEATH  1 Netural 5 Pending	(Month, Day, Yes		IME OF INJURY		URY AT PRK? YES 2		28d. DESCRIBE HO	W INJURY OCCU	RED		
ВУ	2 Accident investigation 3 Suicide Could not be	28e. PLACE OF INJ	URY — At home, terr	n, atreet, fac				26f. LOCATION (Stre	et end Number or	Rural Route Number,		
ETED	4 Homicide 8 Could not be determined	building, etc. (\$	Specify)					City or Town, St	ete)			
COMPLE	(Ornock Orn)	SICIAN: To the best of my ki										
00	2 MEDICAL EXAMIN	_	ation end/or investige	ition, in my	opinion, d	leath occu	red at the t	ime, date end place,	end due to the	ceuse(e) end manner ee stated.		
BE	PROASIONATURE AND TITLE OF CERTIFIE	est	NU)			De. LIC	ENSE NUMI	72_	▶ 2	12/96		
0	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	pg. Print)	1		D	21/2	de	121220		
	31. DATE FILED (Month, Day, Year) FFR () 71996	32. REGISTRAR'S S	IGNATURE E	1100			, )	1111	111	1 21257		



DHMH-16 Rev 1/89

### Items17,18 2-15-96 FIlmG732 W.H.Per F/H

Studio Codell

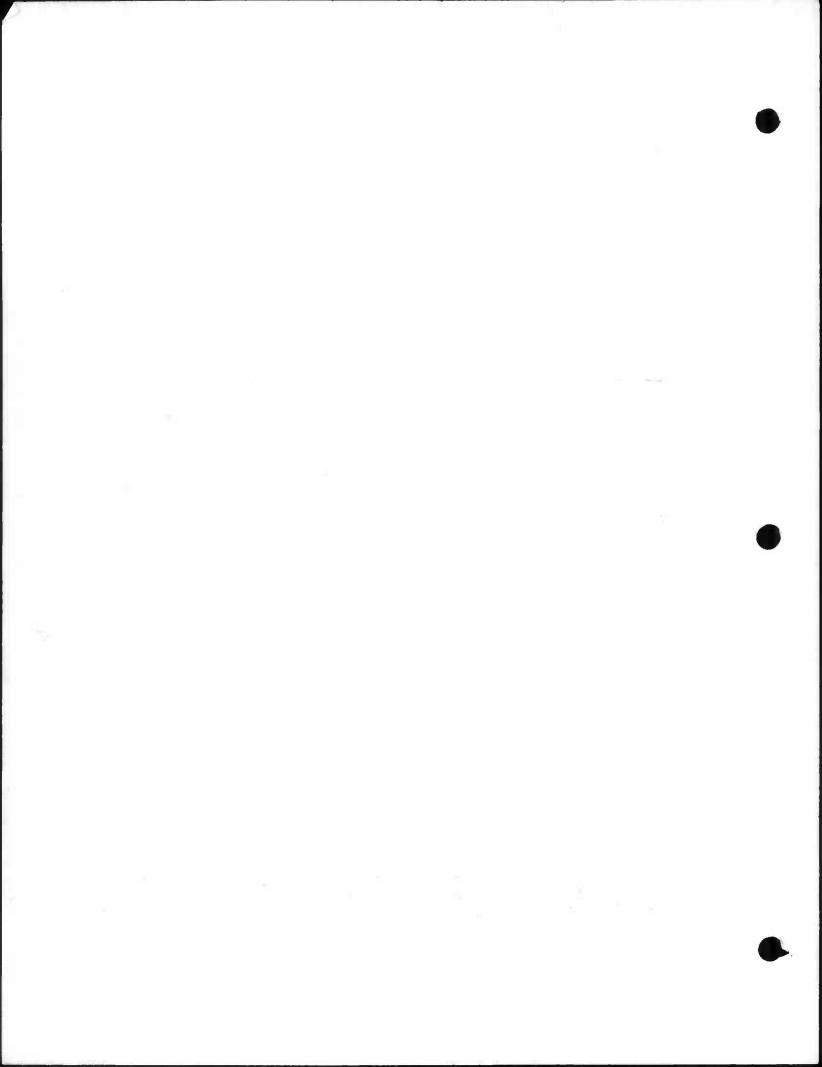
ITEM: 20b,20c, PER F.H. FILM G-732 2/28/96 t.t

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT	OF H	EALTH	AND N	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Leat)	VODVED						2. DATE OF DEATH MONTH DA	W 1	TEAR 3.	TIME OF DEATH
	MORRIS E	YORKER						FEB. 6	1996	2	:25 A. M
		1 ⊠ M 2 □ F	(In yrs. lest birthday) 40 YRS.	IF UNDER	DAYB	HOURS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR. 16,		Country) MARY	ACE (State or Foreign
	90. FACILITY NAME (If not institution, give stre	let and number)		9b. CITY,	TOWN C	R LOCATIO	ON OF DE		9c. COUNT	_	
OR	1909 NORTH FORES	T PARK AVEN	UE	BA	LTI	MORE	CITY	ď	N/A	1	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION				10	d. INSIDE CITY
	MARYLAND N	I/A		BA	LTI	MORE	CITY	Z		1	LIMITS?
FUNERAL	10a. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
NE	1909 NORTH FORES	T PARK AVEN  12. WAS DECEDENT EVER II					.207			USA	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 ★ NO ATES**	11	f yes, spe		n, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No. 14	Specify:	American Indian, Thite, atc.	
LED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16e. DECEDENT'S (Give kind of t				a	16b. KIND OF BUS	INESS/INDUS		
ZE.	Elementary/Secondary (0-12)  1 Oth GRADE	College (1-4 or 5+)	Iffe. Do NOT us	e retired.)	retired.)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		TRACI	CMAN		18 MOTH	ED'S NAS	RAILRO			
BE C	UNKNOWN John H.	Yorker					KNOW			on	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS	(Street e	nd Number	or Rural A	oute Number, City or Town	n, State, Zip Co	ode)	
	VERA YORKER	Part I					PARK	AVE., BA		_	
	K Burlel 2 Cremetion 3 Remov	ral from State	WESTERN S			ma of	2	CATO	VSVILLE		
	21. SIGNATURE OF PUNERAL SERVICE LICES	MSEE		22. N	NAME AN	O ADDRES	S OF FAC	HITY			
	VIII-	J10n		1	913	W. E	BALTI	OWN JR. FUI IMORE ST.,	BALTI	MORE	, MD.21223
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Those of the condition of the cause of the caus										
CERTIFICATION	Sequentielly list conditions, If any, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
ICAL	PART II. Other algnificant conditions	contributing to deeth b	out not reaulting i	n the unc	derlying	cause g	iven in F	Part I. 24s. WAS AN PERFORE	MED?	CO	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE OEATH?
PHYSICIAN: MED	DID TODACCO LIST COLITI	DUTE TO CAUSE O	E DEATH NO	A.				_   '	`		YES 2 NO
AN	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE O	PLACE OF DEAT	7	nly one)	UNC	ERTAIN	Ш		L	
SIC		HOSPITAL:		OTHER	:	X Res	ildence 6	Other (Specify)			
표	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIMI	OF	28c. INJU	JRY AT		28d. DESCRIBE HOW IN	JURY OCCUR	NEO	
BY	Netural 5 Pending Investigation	20. 01 405 05 101 11100		М		ES 2 🗌					
ETED	Suinide 8 Could not be detarmined	— At homa, farm, a	treat, facto	ry, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
APLE	CERTIFIER CERTIFYING PHYTICI	AN To the best of my know	ledge, death occurre	d at the tin	ne, date	end place,	end due t	o the cause(s) end men	ner as stated.		
COMPL		On the besis of examination	n end/or investigatio	n, In my op	olnion, de	ath occure	d at the f	ime, data and place, end	due to the c	euse(e) en	d menner es stated.
BE	296) SIGNATURE AND TITLE OR CERTIFIED	MAI	10 A	X		29c. LICE	LI I	BER	29d DATE S	IGNEO (Mo	rith, Day, Year)
익	30. NAME AND ADDRESS OF RENSON WHO	COMPLETED CAUSE OF DE	ATH-UTEM 27) (7)00.	Prings L		R	1 1	1	110	ru H	9 11716
	31. DATE FILED (Month, Day, Year)	32 BEDISTRAR'S SIGN	CATON)	HH	<b>5</b> °	1	ANT	hort,	75	2	1227
	FEB 0 71996	Sandy or Pool	all								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PANE-MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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<b>MARYLAND 2121</b>	
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DIVISION OF VITAL RECORDS, P.O.

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31. DATE FILED (Month, Day, Year) FEB 0 71996

HE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	- 92	led within 1% hours after death with the State Dept. of Health and Mental hygiene prior to burial, cremation, or removal.	ORTANE'II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	THE FE	De filed wift	IMPORTAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last). 2. DATE OF DEATH MONTH 3. TIME OF DEATH 96 :30 02 04 96 4. SOCIAL SECURITY NUMBER F UNDER 1 YEAR 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-22-9206 1 - M 2 - F DAYS HOURS v<sup>c</sup>#ginia 78 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH W 761 DIRECTOR taltimore 1000 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland
100. STREET AND NUMBER YES 2 NO mor FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 10 MUCMOUNT 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Y NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) Jr92 18. MOTHER'S NAME (First, Middle, Malden H 19b. MAILING ADDRESS (Street and Number or Rural Route No 5 20s, METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Remo 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION 21. SIGNATURE OF/FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. Derrick 50 Haight Pack 23. PARTY). Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or haert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_ Fallopian Tube resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL OTHER NO 1 YES 2 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) mination and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated. 296. SIGNATURE AND TUTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 024356

CAUSE OF DEATH (tTEM 27) (Type, Print)

WATERFIELD

· Mudeen Ro

405pita

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 440 Am Vorris ouna 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospita Baltimore NA Jinai If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 6. Sex 5. Sociei Security Number 7. Age (In yrs. lest birthday) If Under 1 Year **Funeral** Months 1 M 2□ F Devs 214-18-5774 Yrs Director MI 21-14 Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-1 show other treumstic avent, the Medical Examiner must be notified at 1 Yes 2 No NA Directo Itimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? )SA 1645 21216 olar Funeral avove death 12. Was Decedent Ever in U,S. Armed Forces?
1.2 Yes 2 \subseteq No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus Black, White, etc. filed within 72 hours efter 1 Never Merried 2 Merried 1□ Yes 2M No þ lac 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 end 2 should be filed within 7. Depertment of Heelth end Mental Hygiene Important: if Item 27 is marked other than "nu any injury or other treumatic event, the Media 2006. Baltimore Elementery/Secondary (0-12) College (1-4or 5+) city of Studian 12th NA 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Beatrice corae 0 19a. Intormant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) stord/Brither 1645 Poplar 3altimore, MD 21215 Grove 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City pr Jown State Dete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 2-5-96 4 ☐ Donetion 5 ☐ Other (Specify) Owings Mill Md Garrison Forest Cem. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Home - West March Funeral 4300 Wabash Baltimore, MD 21215 Ave. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai tmmediate Cause (Final Brain Anoxia disease or condition resulting in death) 20 Min **Examiner** Due to (or es e consequence of): Examiner Bronchospasm, Congestive Heart Failure 24 Hrs physician and the burial-transit that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Renal Failure, Pulmonary Mets/Hepatic Mets 1 week Physician/Medicai Due to (or as a consequence of) use as ! Lung Cancer ò ed by the a Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 ☐ Yea 2 ☐ No 3 ☐ Probably 4 👸 Unknown Hypertension δ 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Hepatic Tumor page 2 s 1 Yes 2 No funeral director. 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28e. Date of Injury (Month, Day Year) 28c. Injury et Work? Certification: 1 Neturel 5 Pending 1 Tyes 2 □ No 2 Accident investigation 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Medical

Box 68760 Division of Vital Records, P.O. i or Attending Physician: after death, Director: After this certifica a Hospital or Atta 24 hours after de re Funeral Directo To the Host within 24 ho To the Fune

Saltimore, Maryland 21215-0020

TC Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the cause(s) and manner as stated.

2 Medical Examtner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) end manner stated. 29e. Certifier (Check only one)

29b. Signeture and title of cartifier 9

29c. License number 29d. Dete signed (Month, Day, Year)

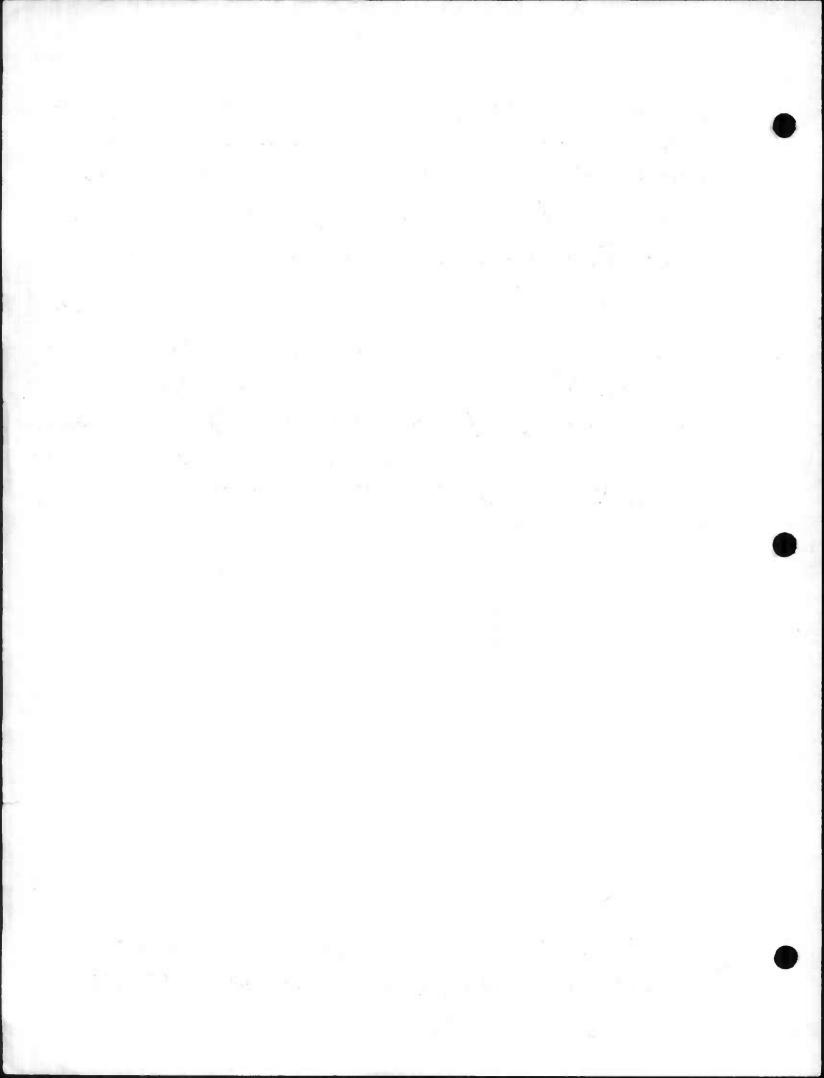
AJ414 735

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

· BHATTI MD do BALTI MORE VASIR SINAI 32. Registrer's Signature 31. Dete tiled (Month, Day, Year)

State Registrar

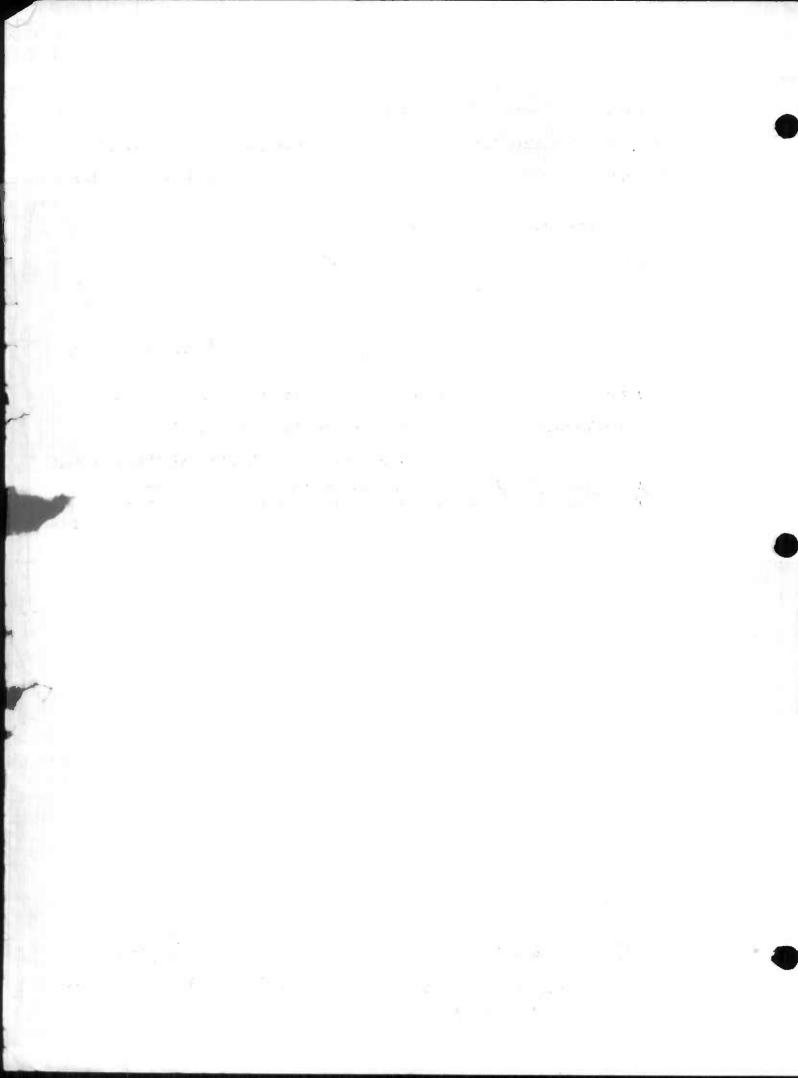
FEB 0 71996



State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month **Physician** 0935 Am Joseph Andrew ARDINGER January 1996 /Medical 4b. City, Town, or Location of Death 4a. Facility Nema (If not institution, give street and number) 4c. County of Death **Examiner** Washington County Hospital Hagerstown WASHINGTON If Undar 1 Yeer if Under 24 Hrs. Hours Min. 5. Sccial Security Number 7. Aga (in yrs. last birthdey) Birthplaca (Stata or Foreign Country) 8. Deta of Birth (Month, Day, Year) **Funeral** 11XM 2□ F Days Hours Yrs Director 217-18-7316 Nov. 2, 1924 Maryland Usual Rasidance of Decedant the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at 1 XYes 2 No Director MD Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 535 Salem Ave. 21740 USA deeth. 12. Wes Decedent Ever in U,S. Armed Forcas? Wes Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Race - American Indian, Biack, While, etc. 11 Meritel Status 2 should be filed within 72 hours after and Mental Hygiene.
Is marked other than "natural", or ite 1 Yas 2 XNo if Yas, Giva 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 1 No Specify: à 3 Widowed 4 Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) Furniture/Hardware Driver 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Kearfott Ardinger Florence Ella 19e. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) permit. Pages 1 and 2 st Depertment of Health end Important: If Item 27 Is n any Injury or other treun once. Frances M. Ardinger 535 Salem Ave. Hagerstown, MD 21740 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Greenlawn Memorial Park 1/23/96 Williamsport, MD 21795 22. Nama and Addrass of Facility
OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 23n. Part 1. Enlar of disaasa, or complications that caused the or complications that causad tha death. Do not anter the mode of dying, such as cardiac or respiretory errest, Approximation Interval Between Conset and Deeth **Physician** /Medical Immediate Cause (Finel Week eymonia **Examiner** Dua to (or as a consequence of) Examiner Delucuary Wease physician and the buriel-transit Sequantielly list conditions, if any, laeding to immadiata causa. Enter Underlying Causa (Disease or injury thet initiated avants rasulting in daath) Last Dua to (or as a consequence of) Box 68760 Physician/Medical Dua to (or as e consequance of): 80 USB ò 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evellabla prior to completion of cause of death? 24e. Was an autopsy performad? Completed peed has 2 No 1 ☐ Yas 2 ☐ No Division of Vital | funeral director, 25. Wes case rafarred to medical axaminar? 28. Place of Death (Check only ona) Hospital Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yas 2 Ne 1 Ampatiant 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Tima of Certification: 28c. Injury at Work? After 1 HNatural 5 Pending death. 1 ☐ Yas 2 ☐ No invastigetion after death Director: / 2 Accidant 6 Could not ba 3 Sulcide 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) Place of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 4 Homicida Hospital 24 hours a 24 hours a 29a. Certifiar 1 Certifying Phyaician: To tha best of my knowledga, death occurred at tha tima, data and placa, and dua to the ceuse(s) end mennar as stated Medical (Check only one) 2 Medical Examiner: On the bests of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the causa(s) and manner stated. vithin 2 To the 29b. Signature end titla of cartifiar 29d. Qata signad (Month, Day, Year) 29c. License number Ki-s mil 30. Neme and eddress of person who completed causa of daeth (Itam 23a) (Type, Print) OAK HI'I AVE. HAGIER STOWN-Mg 21742 WATER MD-12-821-

Registrar

State



1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HITTIC	AIE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	THEOLA	AUSTIN						nuary 7,	199	6	3:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest I	440	UNDER 1 YEAR	IF UNDER 24 HR		DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	239-48-8629			YRS.				lov. 9, 1			th Carolina
or.	9e. FACILITY NAME (If not institution, give s			94	EOTOG	tville,				NTY OF D	
힏	Regency Nursing	& Rehab Cer	iter		rores	tville,	, PID		PTI	nce (	Georges
DIRECTOR	10e. STATE 10b. COUNT	γ		10c. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY
=	Maryland Prin	ce Georges		Hy	attsvi	11a W	1	and			LIMITS?
	10e. STREET AND NUMBER	ee ocorges		1119		. ZIP CODE	пут	and	10a, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	6040 Sargent Ro	ad				20	782		-		States
5	11. MARITAL STATUS	12 WAS DECEMENT EVI	ER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF HIS	PANIC O	RIGIN? (Specify Yes	- American Indian.		
	1 Never Married 2 Merried	FORCES? 1 7	R DATES	)	If yes, spe	ecify Cuberi, Me:	rican, Pu	erto Ricen, etc.)			E — American Indian, k, White, etc.
ВУ	3 🙀 Widowed 4 🗌 Divorced					A					Black
E	15. DECEDENT'S EDU (Specify only highest grade		(Give	kind of work	UAL OCCUPATION	ON st of working		16b. KIND OF BUS	INESS/INC	DUSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. C	Do NOT use re	etired.)	estic		D	ivate		
COMPLET	12				DOM	CSCIC		FL	Lvale	2	
	17. FATHER'S NAME (First, Middle, Last) Emmanuel Austi							First, Middle, Melden S			
BE	19e. INFORMANT'S NAME (Type/Print)	ш	E STATE OF				_	Lassitte	_		
유	Barbara Watson							Number, City or Town			
	20a. METHOD OF DISPOSITION						e 16				land 20748
	1 Buriel 2 Cremation 3 Rem	oval from State			place) morial		1.			City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC		111110	ny He		ID ADORESS OF			naov	ver, Maryland	
	1 6 1 1/21	1/200	1 K		Alexa	inder S	. Po	ope Funer			
	AKK.	JAMIL	-1		5538	Marlbo	ro l	Pike Fore	stvi	11e,	Md. 20747
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that cau List only one cause o	neach line.	th. Do not	enter the mo	de of dying, s	uch as	cardlec or respir	atory an	reat,	Approximate interval Between
- 0	IMMEDIATE CAUSE (Fine)										Onset end Death
	disease or condition resulting in death)	. CHRONIC			URE						2 grs.
			AS A CONSEQU								111
CERTIFICATION	Sequentially list conditions,	b. CANCER	OF COL								10/4.
¥	if eny, leeding to immediate cause. Enter UNDERLYING				T7 1777						2 Ups
윤	CAUSE (Disease or Injury that Initiated events	c. CONGEST	LU HEA	KT FA IENCE OF):	LLURE_						19/00.
E	resulting in death) LAST	4									
	DART II Other significant on dist										
EDICAL	PART II. Other eignificent condition	is contributing to deat	n but not res	suiting in t	he underlying	ceuse given	in Part	i. 24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă								1 🗌 YES 2	NO X		OF DEATH?
Σ	DID TODA GOO HET CONTE							_			1 TYES 2 NO
AN	DID TOBACCO USE CONTI	RIBUTE TO CAUSE				UNCERT	AIN [				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	Check only one) THER:						
14S	1 YES 2X NO	1 Inpetient 2 ER/			Nursing Home						
	1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye.		28b. TIME OF	WOI	RK?	284	I. DESCRIBE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	28e. PLACE OF INJ	UDV 44 harm			ES 2 NO	1				
G	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (	Specify)	o, romi, stree	n, ractory, ornes	,	281.	LOCATION (Street or City or Town, Stete)	nd Number	or Runal R	loute Number,
COMPLET	29a, CERTIFIER										
MP	(Check only CERTIFYING PHYSI	CIAN: To the best of my k									
8		R: On the beels of examin	restigation, li	n my opinion, de	eath occured at	lhe time,	, date end place, end	due to th	e ceuse(s	) end menner ee stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIES	Las	MA			29t. LICENSE	VUMBER		29H. DAT	E SIGNED	(Month) Day Worl
0	Kulua 4.	TWESEN,	1111			DO 5	23	51	•	119	196
	30. NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUSE OF	OEATH (ITEM :	27) (Type, Prir	71)	117	1	DI +	1.1	1	20744
	31. DATE FILED (Month, Day, Year)	UV SMI	(///	128	250	1016	-7	Vid H	Wa	is h.	MD
- 1		32. REGISTRAR'S S	IGNATURE	1.11							
1	IAN 24 1996	WELL STREET									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings how in a fire death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

**BALTIMORE, MARYLAND 21215-0020** 

DHMH-18 Rev 1/89

and the second

State of Maryland / Department of Health and Mental Hygiene Q 6 02963

						Certificate of	Death		Reg. No.	06	303	
	IC THE		1. Decedent's Name (First, Middla, La	st)		16.		2. Date of D	eath		Time of Death	
	Physic		ADRIAN	ALVIN		ANDE	RSON	JAN.	Day 1 7	96 5	5:30 AM	
	/Medi Examii		4a. Facility Nama (If not institution, giv	a straat and number)			4b. City, Town, o				J. JU AM	
I	LAAIIII	iei					CAMD C	DDTNC			DORG	
-	Funeral		5. Social Security Number 6. S	Sex 7. Aga (In yr	s. last birtl	hday) If Undar 1 Yaa	CAMP S		PRIN	CE GEC		
	Funeral Director			Cu off		rs. Months Day	s Hours Mir	8. Date of Bi (Month, D 07-31	ay, Year)	Country)	(Stata or Foreign	
			Usuel Residence of Dacedant		<i></i>			07-31	-30	wasiitiig	ton, DC	
	Jend Most		10a. State 10b. County	10c. 0	City, Town	or Location				10d. In	nside City Limits	
	Me.	ŏ	MD Prince Ge	eorges F	t. Wa	shington				1	Yes 2□No	
	288	Director	10e. Street and Number	-0		10f. Zip Code			10g. Citizen of V	Vhat Country?		
	With Miles		9012 Claudine La	ne		101. 2.10 0000	20744			vnat Country i		
	a 23	Funeral		12. Was Decedent Evar in	11.0	12 Wee Decedes of	Hanania Origina /	Coorie Vacas N	USA	e - American inc	dlan	
	te d	5	11. Marital Status	Armed Forcas?	0,0.	13. Was Decedent of If Yes, specify Cu	ban, Mexican, Pue	rto Rican, etc.)		k, White, etc.	Giari,	
0200-61212	9 9	by F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Dates:		1 ☐ Yes 2 🛣 N	Specify:		Specify	Black		
3	hou la la la la la la la la la la la la la			1	160	Doodent's Hausi Oss	mation		10h Kind of Du	THE CONTRACT OF THE CONTRACT O		
2	72	Completed	15. Decedent's Ed (Specify only highest gra		100.1	Decedent's Usual Occ (Give kind of work don life. DO NOT use retii	a during most of w	orking	16b. Kind of Bu	isiness/induatry		
4	withi then	E D	Elementary/Secondary (0-12)	College (1-4or 5+)					U. S. G	OV 70 PROMO	nt	
3	If begin	Ö	17. Father's Name (First, Middle, Last,	2	10.5	. Postal S			a, Maiden Sumam		:116	
0	ntai o d o o	Be						Mae Boo		-/		
X	should be filed within 72 hours efter death with the Maryland nd Mantal Hygiene.  marked other than "natural", or items 23s or 28s-f show marke event, tra Marolest Examinar mart be notified at	70	Alvin A. Anderson			A4-111- A-1-1-1-1-1						
Maryland	12 s h en le n		19e. Informent'a Name/Relationship (			Mailing Address (Stre						
ָם ט	permit. Peges 1 and 2 should be filed within 72 hours effer death with the Marylen Department of Heath and Mantal Hydiene.  Department of Heath and Mantal Hydiene.  Department of Heath and Mantal Hydiene.  Bright of the Traumatic evant, the Maylest Examine must be notified at anothe.  Date.		Linda B. Anderson Wife 9012 Claudine Lane,  20a. Method of Disposition  1. Claudine Lane,  20b. Placa of Disposition (Nama of commatary, cramatory or other place)									
5	T toff		20a. Method of Disposition 1 □ Buriat 2 □ Cremation 3 □	Inemoval from Steta				Date	20c. Location -		otate	
allimore,	men uny		4 Donation 5 DOther (Specif	y) H	armor	ny Memorial			Landove	r, MD		
0	Departimport		21. Signature of Funaral Sarvice Licer	1500		22. Name and Add Marshall	ress of Facility	1 Home	Tnc			
۵	20529		D May	hall		4217 9th				20011		
			23a. Part Enter the disease, or com	plications that caused the de	ath. Do no	ot enter the mode of d	ring, such es cardi	ac or respiratory	arrest,	Appr	roximate	
N.	hysician		anadag of riealt feliale. List only	one cause on agon me.							rval Between et and Death	
1	/Medical		Immediate Ceuse (Final diseasa or condition	a. Hend	11 1	Neile	10 546	508				
	Examiner		resulting in death)				11/4/	100				
		ē	Due to (or as a consequenca of):									
	d d ansit	Examiner	Sequentially list conditions.  Dua to (or as a consequence of):									
	n an iel-tr	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Dua (o	(OI as a O	orisequence or).						
00/00	eath certificate be executed attending physician and I for use as the buriel-transit		Cause (Diseese or Injury that initiated events	C. Due to	(0.00000							
0	phy the	edicai	resulting In death) Last	Due to	(or as a co	onsequence of):						
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۹	death e atter	Physician						1				
į	that the death ned by the atter detached for the	ıysı	Part ti. Other significant conditions of	ontributing to death but not re	esulting in	the underlying cause (	iven in Part i.		tobacco use cor			
-	med to							1	Yes 2 No	3 Probably	4 ☐ Unknown	
necolds,	2 6 6	d by						240 Wo	s an autopsy	24h Ware at	utopsy findings	
		ete							ormed?	available	e prior to ion of causa	
	8 8 N	du								of death		
= '		Completed						155	Yes 2□No	1 PYes	2 □ No	
N I G	Pnysician: In this certificate trail director, pag	Be	25. Was case refarred to medical examiner?				26. Place of De	eath (Check only	one)			
5	ols ce	2	1 Yes 2 No	Hospital: 1 ☐ Inpatient 2	□ ER/Out	patient 3 DOA	ther: 4 Nursing	Home 5□Res	Idenca 6 Othe	er (Specify) S	CENE	
-	After th funeral		27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Injury (Month, Dev Year)	28b. Ti	me of 28c. Inj			how injury occurr			
2	Arranding or death.  actor: After by the funer	atic	2 Accident invastigation	1-17-96			Yes 2 No	Drive	auto	auto	COLLISIO,	
DISIAI	or Attandardardardardardardardardardardardardard	EI O	3 Sulcida 6 Could not be determined	28a. Place of Injury - At building, atc. (Spec	homa, fan	m, streat, factory, office	9	28f. Location	(Street and Numberson, Steta)	er or Rural Rou	ta Number,	
5	a after se de la company de la	Certification:		building, atc. (Spec	" Re	radway		Only or 10	I95			
- 3	To the hospital of An within 24 hours after of To the Funeral Direct completely filled in by		29a. Certifier 1 Certifying Ph	ysician: To the best of my kr	nowledge,	death occurred at tha	tima, data and place	e, and dua to the	cause(s) and ma	nner as stated.		
	n 24 ne Ft	edical	(Check only 2 Medical Exam	ntner: On the basis of examination and menner stated.	netion and	or investigation, in my	opinion, death occ	urred at the time	, date and piece, a	and due to the o	cause(s)	
	within 2 To the comple	ž	29b. Signatura and title of cortifier	N/I		29c. Licer	nsa nu <i>m</i> ber		29d. Data signed	Month, Day,	Year)	
			4	166			7 M F	1	TARITAD	7 17	1006	
	(10)		30. Neme and address of person who	completed cause of death /th.	am 23e\ /1		C.M.E.		JANUAR'	Y 17	1996	
	(0)		0 1 0	Swer and control of the state o			troot	Daltima	vec Mar		21201	
	- 64	to		3. Regismar's Sign		1 Penn S	rreer,	Datrill	TE, Ma	гатапа	21201	
	Sta Registr	_	31. Date filed (Month, Day, Year)  JAN 26 199	Sela develo	artes	611						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 02964

	¥				Ce	rtificate of	Death		Rag. No.		
	14.		Decedant's Nama (First, Middla, Last)					2. Data of De	ath	NATION .	3. Tima of Death
	Physic		CATHERINE ANDE	RSON				Month O 1	2.1	Yaar 1996	11:30PM
¥	/Medi Exami		4a. Facility Nama (If not institution, giva street and num	iber)			4b. City, Town, or				II.JOFM
			Manor Care Nursing	Home			Largo		Prin	ice G	George's
	Funeral			7. Aga (In yrs. I	last birthday)		If Undar 24 Hrs		th		ace (Stata or Foraign
	Director		577-34-8739 1□M 2XF	8	35 Yrs.	Months Days	Hours Min.	(Month, Da		West	Virginia
	v		Usual Rasidance of Decedant					<u> </u>			VILGIMIO
	ylan		10a. Stata 10b. County	10c. City	, Town or Lo	ocation				10	d. Insida City Limits
	Mar Mar	5	Maryland Prince Georg	e's I	Hyatt	sville					Yas 2□No
	r 28	Director	10e. Street and Numbar			10f. Zip Coda			10g. Citizan of	What Count	ry?
	h wit		5700 - 40th Avenue			20781			U.S.A	١.	
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23a or 28a-f show ord, the Medical Examinat must be notified at	Funeral		dent Evar in U,		Was Decedent of I	lispanic Origin? (S	pecity Yas or No		e - Amarica	
0	or fte		1 Navar Married 2 Married 1 7as	2 No		If Yas, specify Cub		o Mican, atc.)		ck, Whita, a	Ac.
5-0020	Even	b	3 ☑ Widowed 4 □ Divorced If Yas, Given	tas:		1□Yas 2X No	Specify:		Specify	" B1	ack
ည	72 hc	Completed	15. Decedent's Education (Specify only highast grada completed)		16a. Dece	dant's Usual Occup	pation	rkina	16b. KInd of B	usinass/Ind	ustry
2121	min .	ple	Elementary/Secondary (0-12) Collega (1-	4or 5+)	lifa.	kind of work dona DO NOT usa retire	d)	Kiriy			
7	d will	No	5+	,	Admin	nistrat:	ive Ass	istant	Gove	rnmen	ıt
b	A DE THE NAME OF THE PARTY OF T	Be (	17. Fathar'a Nama (First, Middla, Last)				18. Mothar's Nar	na (First, Middla	, Maidan Suman	na)	
aryland	should be nd Mental marked or	To	Samuel Broadnau	K			Syna	Bi	rown		
lan	d 2 should be filed within 72 hours after death with the Marylan in end Mental Hygiene. 7 is marked other than "natural", or flems 23s or 28s-4 show traumatic event, the Medical Examinat must be notified at		19a. Intormant's Name/Ralationship (Type, Print)		19b. Maili	ng Addrass (Straat			er, City or Town,	Stata, Zip	Code)
Σ.	rt.		Clinton J. Anderson/	Son	5700	0-40th 1	Ave., H	yattsv:	ille, N	4D 2C	781
ore	of Healt		20a. Mathod of Disposition		lace of Dispo	osition (Nama of	201	Data	20c. Location		
altimore,			1 Surial 2 □ Cramation 3 □ Ramoval from S 4 □ Donation 5 □ Othar (Specify)	Oua	ntic	o Nati8	emetery	01/31	Quant	ico,	<b>V</b> irginia
a	구두주중		21. Signature of Funaral Sarvice Licensaa		2	<ol><li>Nama and Addra</li></ol>	ss of Facility				
ñ	Depar Impor any Ir		& Kimlelly C. Bu	SCETO		. B. JE				100 (	00705
			23a. Part . Enter the disease, or complications that ce	used tha daath		474 Lan					20785 Approximata
<b>S</b>	Physician		shock, or haart tallura. List only ona causa on as	ich lina.		•					Intarval Between Onset and Death
	/Medical		Immediata Causa (Final	( - 11						7	In.
	Examiner		diseasa or condition rasulting in death)	sels						- 1	7875
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,	oxec n an iel-tn	Exa	Sequentially list conditions, if any, laading to immadiata	3 200 10 (0)	as a corpor	querice or).					·
68760,	eath certificate be executed ettending physician and for use es the buriel-transit	edical	causa. Entar Undarlying Cause (Disaasa or Injury that initiated avents	Due to (or	as a consac	mance off.			· · · · · · · · · · · · · · · · · · ·		
9	ificat p phy es th	8	rasulting in daath) Last	Dua to (or	as a consac	quarice oi).					
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ň	death e etter	Physician	Part II. Other significant conditions contributing to dea	th hut not recu	itina la tha	andani dan asusa ah	on in David	ash Did	tobassa iina sa	manthuse as	the cause of death?
0	res that the de- igned by the e be deteched to	hys	Part II. Other eiginicant conditiona conditioning to dec	itii but not rasu	ining in that u	moanying causa gi	ran n ran i.				
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	To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af completely filled in by the fu	Med	29b. Signature and title of centrier	ar Stated.		20e. Licens	se number		29d. Data signe	d (Month f	lav Voerl
	5 ≥ 5 §		TIATIVA	-10			177/	,	Lou. Data Signe	(WOIRI, L	ray, rour
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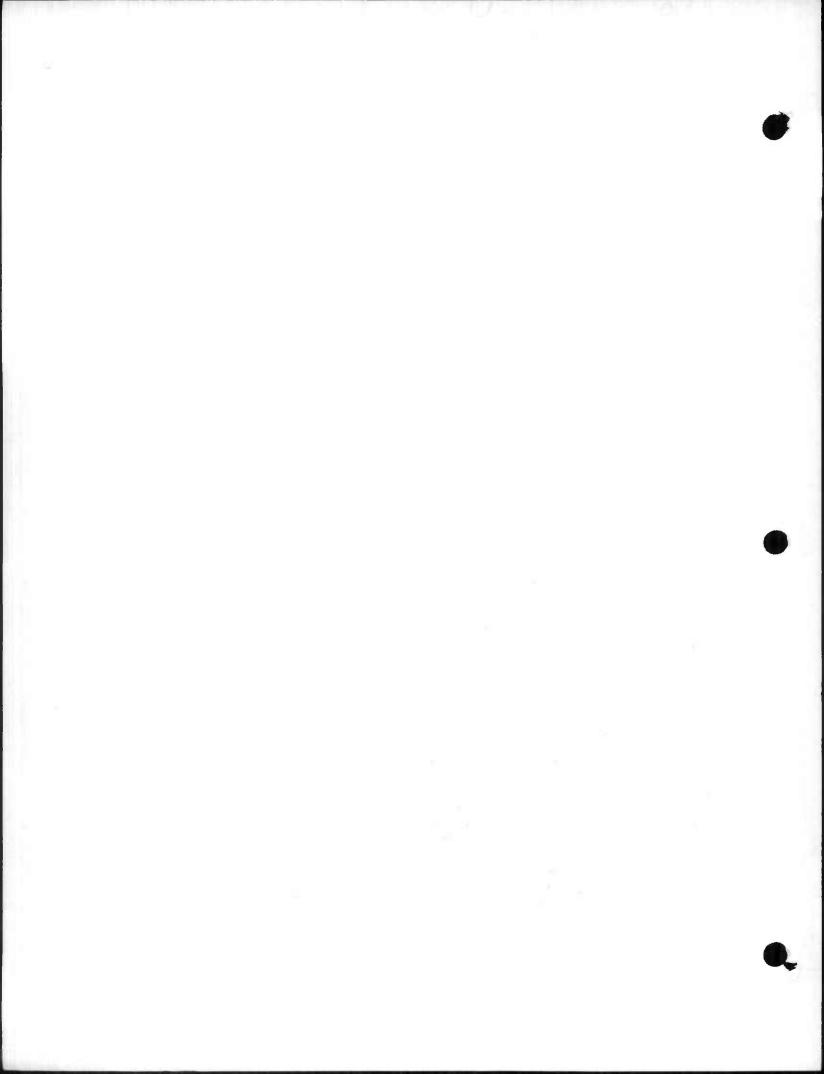
State of Maryland / Department of Health and Mental Hygiene

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/Medi		Raymond	Wallace	Anders	5			Janua		996	5:00AM
Exami	ner	4e. Facility Neme (If not Instit	itution, give street end nu	mber)			4b. City, Town, or	Location of De	eth 4c. Count	y of Death	
			etirement Ce	nter				erick		Frede	rick
Funeral		5. Sociel Security Number	6. Sex	7. Age (In yrs. I	ast birthday)	If Under 1 Yeer Months Devs	If Under 24 Hrs Hours Min		lirth Dev. Year)	9. Birthp	iece (State or For
Director	Н	217-18-7730	1⊠M 2□F	78	Yrs.			May 23	3, 1917		rvland
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P	cto	MD	Frederick		]	Keymar					1 ☐ Yas 2 🖺
or 2	Director	10e. Street end Number				10f. Zip Code			lry?		
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1 of 10		1 ☐ Never Married 2 🖾		2 X No		☐ Yes 2X No	Specify:	10 1110011, 010.,			610.
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th and Mer 7 Is marke traumetic	1	19e. Intorment's Neme/Reiel	lionship (Type, Print)		19b. Melling	g Address (Street	end Number or R	ural Route Num	ber, City or Town	, State, Zip	Code)
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of Heal		20a. Method of Disposition		0.0	ece of Dispos	sition (Neme of netary or other plea	201	Dete	20c. Location	-	
nt: If he		1 XBurial 2 ☐ Cremet 4 ☐ Donetion 5 ☐ Othe		21919		Cemetery	,	1/29	nr.Ladi	achur	g MD
ortant: Injury		21. Signature of Funeral Sen		/ /		Neme end Addre	ss of Fecility				8, 110
Department of Important: If any Injury or once.		V M	· 100	· 70.	1		D	.D. Har	tzler &	Sons	
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nysician Medical		Immediate Cours /Final									
xaminer	Ш	Immediate Ceuse (Finel disease or condition resulting In deeth)	a	PNE	un	DINGA	1			1	lwee
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ding physician and ise as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		Due to (or	a consequ	uence of):	1 -		017 11	0/01	
cian		Cause (Disease or Injury	G	Rot	utR	uence of): LRR Rob Lance of fire LK	este Ms	D09	361 1/4	7116	
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£ 2	18	Pert II. Other algorificant con	nditions contributing to de	eath but not resu	lting in the un	derlying cause giv	en in Pert t.	23b. Di	d tobacco uss co	ontributs to	the causs of de
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OHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>				2. DATE OF DEATH	MY .	3. TIME OF DEATH		
		KATE	HU	ERNE	R		Vanuary		996 3:08P N		
2	7	4. SOCIAL SECURITY NUMBER 088–16–5955	1 □ M 2 🔯 F 88	yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Month, Day, Year) Sept. 7,		BIRTHPLACE (State or Foreign Country)     Poland		
2, 3 should	OR	9a. FACILITY NAME (If not institution, give st ROCKVILLE NUTSI RESIDENCE OF DECEDENT				OR LOCATION OF D	DEATH	DE EES	ontcomery		
Jes 1.	DIRECTOR	10a. STATE 10b. COUNTY		10c. CF	TY, TOWN OR LOC	ATION					
регтіт. Pages		MD Mont	gomery	Roc	ckville	IOI, ZIP CODE		T 40 - 01713	10d. INSIDE CITY LIMITS? 12 YES 2 NO TEN OF WHAT COUNTRY?		
150	ERA	303 Adclare Road				20850		US			
21215-0020 al or attending physician. for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 to Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 VNO	13. WAS DE	ECENDENT OF HISPA	ANIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White			
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during n	TION nost of working	16b. KIND OF BU	SINESS/INDI	USTRY		
	IPL	12	College (1-4 or 5+)	Machi	ne Oper	ator	Gari	ment			
MARYLAND retained by the hospit 5 should be detached notified at once.	SON	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden				
AYL d by	BE (	Wolf Berg									
MAR retained 5 should notified	10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
y beny ben		Maurice Avernes					Silver Spr				
ORE, s 6 may be ector, page must be		1 Donation 5 Other(Specify)	oval from State 20b. F	lery, crematory or o	of disposition (in the place) Ltan: Cre	Name of			Oty or Town, State		
Page Il dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE I IVIE	scropor.	22. NAME	AND ADDRESS OF F	ACILITY		ria, VA		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.  cal examiner must be		Shift			1091	Rockvil	Funeral Di le Pike Ro	ckvil1	le MD 20852		
P.O. BOX 68760, the conficate be executed within 24 hours ending physician and completely filled in thygiene prior to burial, cremation, or reject of the traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Dr. L. M. O. M. I. C. C. C. C. C. C. C. C. C. C. C. C. C.									
RECORD: requires that the been signed by the it, of Health and M shows any Inju.	MEDICAL	PART II. Other significant condition	contributing to death but	t not resulting	In the underlyl	ng ceuse given ir	Pert I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
구 후 을 을 등	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)				
PHYSICIAN: The this certificate with the State with	KSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Output		4 - Nursing Ho		6 Other (Specify)				
		1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY W	NURY AT	28d. OEŞCRIBE HOW	INJURY OCCI	URED		
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	At home, term,		YES 2 NO	281. LOCATION (Street City or Town, State		or Rural Route Number,		
DIVI	COMPLET		CIAN: To the best of my knowled	dge, death occur	red at the time, da	te end place, end du	e to the cause(s) and ma	inner se state	od.		
HOSPITAL FUNERAL within 72 h	Ö	000) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	on, in my opinion,	death occured at th	e time, date and place, as	nd due to the	cause(s) end menner es stated.		
TO THE HOSPITAL TO THE FUNERAL De fied within 72 h IMPORTANT: If I	BE	296. SIGNATURE AND TITLE OF CERTIFIER	with heal	MD		29c. LICENSE NU	MBER 9785	29d, DATE	SIGNED (Month, Pey, Year)		
	٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEAT	TH (ITEM 27) (Type	n, Print)	1 1/-	77.00		1-118		
		Dr. Westphal 809	Viers Mill	Road Ro	ckville	MD 20852	2				
		JAN 23 1996	32 REGISTRAR'S SIGNAT	Rardall							



Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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COMPL

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CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

**BE** 

2

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

that initistad events resulting in death) LAST

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has find within 72 hours after cleath with the State Deat, of Health and Mental Hydiene prior to burial, cremotal, or remotal.	
the hos	e detach	f once.
etained b	should t	otified a
may be n	r, page 5	st be n
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CIAN: Th	ertificate the State	or item
NG PHYSI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fame within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDI	S after de	28 is
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN 1996 Marian Francis Buffenmyer
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) Jan. 18, AM 10:27 7. DATE OF BIRTH (Month, Day, Year) Sep 27, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 210-18-9722 1 🗌 M 2 💢 F 87 YAS. 1908 PA Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN ALLEGANY CUMBERLAND 10 N. LIBERTY STREET APT 207 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Cumberland 1 X YES 2 - NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21502 10 N. Liberty St Apt 207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify 3 Widowed 4 Divorced white 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Burkett Violet (Hillegass) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Martha Sanders Oakland. MD 21550 20a METNOD OF DISPOSITION
1 W Burlai 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Cumberland, MD 01/21 4 Donetion 5 Other (Specify) Hillcrest Burial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximata Intervai Betw shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Unknown Hypertensive Cardiovascular Disease disease or condition resulting in death) years

PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN XX 25. WAS CASE REFERRED TO MEDICAL

EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 Nu	R: SA Residence	8 Other (Specify)
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, term, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as atteted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ea stated. 29d. DATE SIGNED (Month, Day, Year)

Jan. 18, 1996 29c LICENSE NUMBER

D09157

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Paul Snow, 124 W. 3rd Street; Cumberland, MD

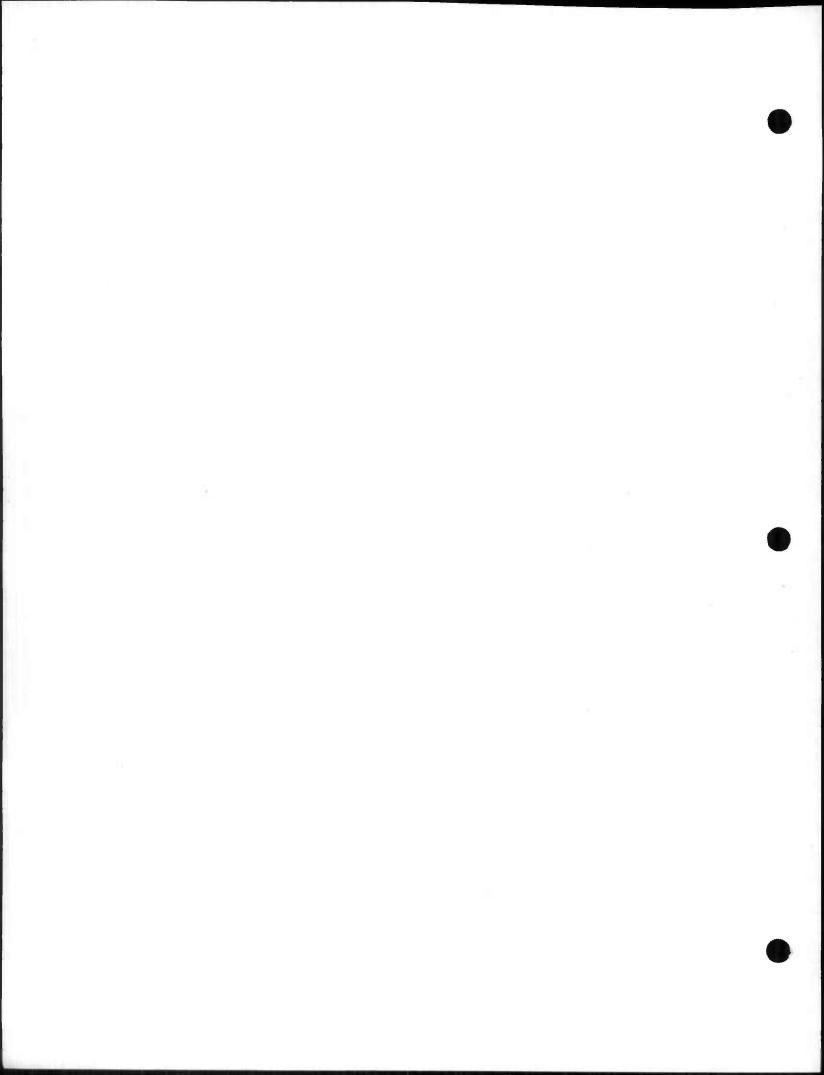
21502

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF)

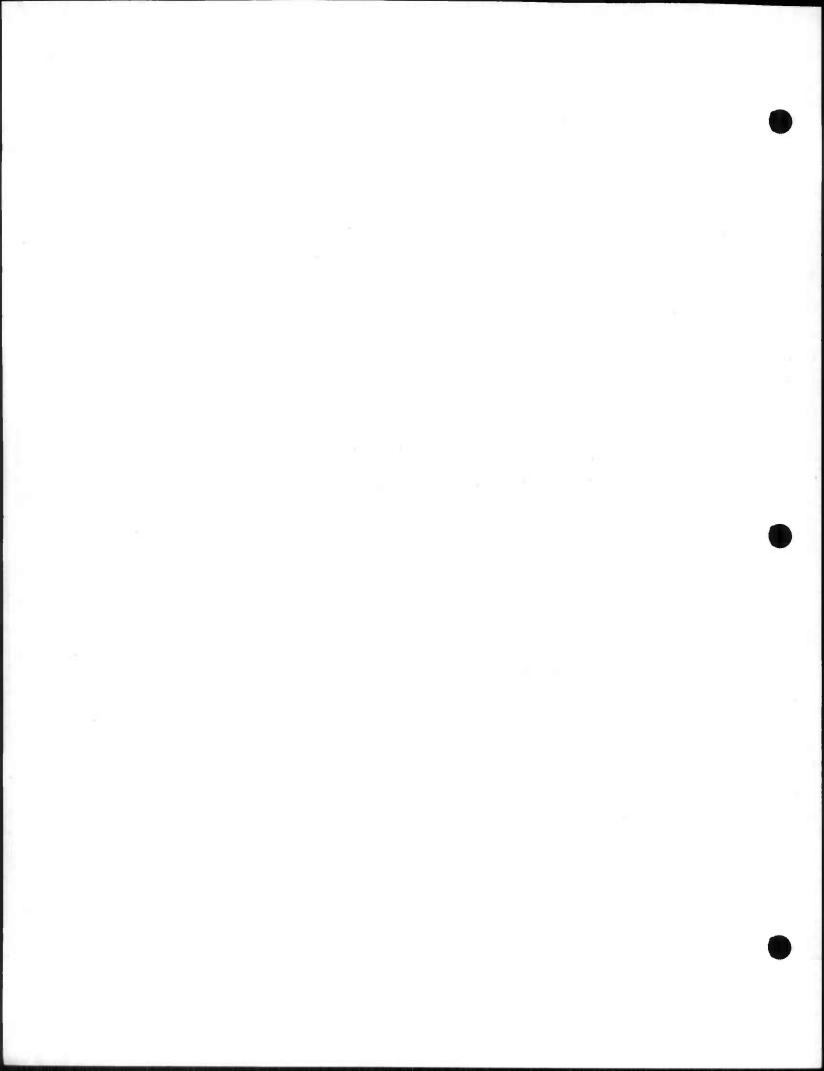
DUE TO (OR AS A CONSEQUENCE OF):

32. SCOSTRAN'S SIGNATURED 31. DATE FILED (Month, Day, Year)



PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after death, Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	n with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
law require	is been sig	ept. of He	23 shows
AN: The	tificate ha	e State D	ir item
3 PHYSIC	er this cer	th with th	marked, (
AL OR ATTENDING PHYS	HE FUNERAL DIRECTOR: After this	e filed within 72 hours after death with	28 is m
AL OR A	IL DIREC	2 hours	PORTANT: If item 28 is r
HOSPIT	FUNERA	within 7	TANT:
TO THE	TO THE	be filed	IMPORT

	FOR 1 - STATE REGISTRAR	STATE OF MAR		EPARTMEN RTIFICAT			MENTAL	HYGIEN			
	t. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
	ALMA	L.	BRAITH	WAITE			JANU		. 6	1996	16:40 M
	4. SOCIAL SECURITY NUMBER	- 10 may 1 mg	AGE (In yrs. last bir	77	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE (	Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	219-54-1931	1 🗆 M 2 💢 F	83	YRS. MONTHS	DAYS	HOURS MIN.	Dec	. 22	1912	ť Virginia	
~	9e. FACILITY NAME (If not institution, give e			9b. CIT	Y, TOWN D	R LOCATION OF DE	EATH		9c. COL	NTY OF D	EATH
5	MEMORIAL HOSPITAL	& MEDICAL	CENTER	CUN	1BERL	AND			ALL	EGAN	Y
EC.	10e. STATE 10b. COUNT	Y	1	Oc. CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
5	Maryland Alle	egany	ŀ	Weste	rnpor	't					LIMITS? 1 YES 2 K NO
AL	10e. STREET AND NUMBER				101	ZIP CODE		-	10g. CIT	IZEN OF V	VHAT COUNTRY?
Ä	24112 Stoney Rur					21562			Uni	ted	States
FUNERAL DIRECTOR	t1. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EV	YES 2 NO	D to	If yee, sp	ENDENT OF HISPAN Icity Cuben, Mexica	in, Puerto A		or No-	14. RACE Black	E — Americen Indian, k, White, atc.
BY	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES	R DATES t YES 2 X NO Specific						Speci	White
<b>E</b>	15. DECEDENT'S EDU (Specify only highest grade	CATION		DENT'S USUAL			16b.	KIND OF BU	SINESS/IN	DUSTRY	
Ē	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do	kind of work don NOT use retired	e auring mo .)	st of working					
MP	Unknown		Hor	nemaker				Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA			,		
BE	Arthur E. Smith					Rosa A			_		
9	John Braithwa	ite				Number or Rural I					1. 21562
	200. METHOD OF DISPOSITION		20b. PLACE AND	DATE OF DISPO	OSITION (Na		DATE	20c, LC	^	City or To	
	1 💢 Buriel 2 🗆 Cremetion 3 🗆 Rem 4 🗎 Donation 8 🗆 Other (Specify)	ioval from State	D11C	tory or other plec SWORTH		toru	1/2	1	West	ernno	ort. Nd.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0 1	2:	. NAME A	ID ADDRESS OF FA	CILITY		HCDL	CITITA	21.1.9
	· /N My	485	Max	4		l Funera Church				. 17.	3
	23. PART I. Enter the diseases, or	complications that ce	used the death	Do not ent							Approximata
- 9	shock, or hear/failure.  iMMEDIATE CAUSE (Final	List only one cause	on each line.								Onset and Death
	disease or condition resulting in death)  Atherosclerotic coronary vascular disease										50 years
			AS A CONSEQUE								Do years
N	Sequentially list conditions, b. Due to one as a consequence of										
ATI	Sequentially list conditions, lif any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease Dr injury that initiated events	c. DUE TO (OR	AS A CONSEQUE	ENCE OF):							_
CERTIFICATION	resulting in death) LAST	4									
	DART II Other significant condition	no contribution to d	adh had and are	- Indiana Indiana	4 1 1		5				
CAL	PART II. Other algnificant condition Fracture right	_	eth but not rea	uiting in the	underlyin	g cause given in	Part I.	24s. WAS AP PERFO		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC	Traceure Tight	птр					-	1 TYES	NO 🔯		OF DEATH?
Σ	DID TOBACCO USE CONT	PIRLITE TO CALIS	E OF DEATH	√ YES □	NO 5	- LINCEDTAI	N D				1 ☐ YES 2 🛐 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T TO CAUS		DF DEATH (Chec		LA OTTCERIAN					
PHYSICIAN:	EXAMINER? 1 □ YES 2 環 NO	HOSPITAL:	VOutpetient 3	DOA 4 N		e 5 🗆 Residence	6 Other	r (Specify)			
Ϋ́Н	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, )		286. TIME DF	26c. IN.			CRIBE HOW	INJURY O	CURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	(00)	M		rES 2 NO					
ED 8	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	IJURY — At home (Specify)	, farm, atreet, to	ctory, offic			ATION (Street or Town, State		or or Rural I	Route Number,
ETE	4 Homicide determined										
COMPLET		SICIAN: To the best of my	knowledge, death	occurred at the	time, dete	end place, end due	to the cau	se(e) end me	nner ee st	sted.	
Ö	one) 2 MEDICAL EXAMIN	ER: On the basie of exam	ination end/or invi	etigation, in m	y opinion, o	eath occured at the	time, date	end place, e	nd due to	the cause(s	s) end menner es stated.
ш	296. SIGNATURE AND TITLE OF CHAPTER			•	29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
TO B	Jun Jakey	mhi				D 1786	2		▶ <sub>J</sub>	ANUAF	RY 18 1996
_	30. NAME AND ADDRESS OF BERSON AN										
	DR. SAMUEL HARSHR	hat his belief a bet ab base a real file of the file of		DRIVE.	CUMBI	ERLAND.	MD	21502			
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	January dd, 1776	filia	rusud	-/-	und	all The	1				DHMH-16 Rev 1/8



DIVISION OF VITAL RECORDS, P.O. BOX 68/by

The Hospital or Attended Physician.

The Hospital OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The Hospital Division and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 22 hours after death with the State Dept. of Health and Mental Hygien prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	1	RTIFICATE	0	F DEAT	H		REG. NO	).

1 - STATE REGISTRAR	STATE OF MARY		ICATE OF		MENTAL	REG. NO.	:		
1. DECEDENT'S NAME (First, Middle, La ALLEN M	ONROE	BRIDGES			MONTH	of DEATH DAY		AR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH	0. E	HRTHPLA	CE (State or Foreign
214-07-2845		79 YRS.	MONTHS DAYS	OR LOCATION OF DI	FEB.	21,1	916 M		AND
Memorial Hospit		Center	Cumber				Alleg		
10e. STATE 10b. COL			r, TOWN OR LOCA	ATION				100	I. INSIDE CITY
	LLEGANY	CL	JMBERL/	AND				1 [	YES 2 NO
13925 SPRUCE	CDDING DOAD	C 11	1	of. ZIP CODE			tog. CITIZEN		
1. MARITAL STATUS	12. WAS DECEDENT EVER	-	12 WAS DE	21502 ECENDENT OF HISPAI	NC OBIGIN	2 /Sanathy Yea		S.A.	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	S 2 NO	If yee, a	specify Cuban, Mexica S 2 X NO Specif	in, Puerto R	ican, atc.)		Black, Wi	WHITE
15, DECEDENT'S (Specify only highest g	EDUCATION	16a, DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b.	KIND OF BUS	NESS/INOUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	e retired.)		1.		I # D 1/		
17. FATHER'S NAME (First, Middle, Last)	1	MACHINE	. UPERA	18. MOTHER'S NA		1ACHII			
EDGAR BRIDGES				GRACE			umame)		
190. INFORMANT'S NAME (Type/Print) ELEANOR SKELL	EY BRIDGES			end Number or Rural CE SPRIN	Route Numb	er, City or Town			21502 ID MD
204 METHOD OF DISPOSITION		Ob. PLACE AND DATE O	F DISPOSITION //		OATE	-	ATION — City		
1 ABurlal 2 Cremation 3 4 Donation 5 Other (Specify)	S S	T. AMBRO	SE CEN	METERY A	1/24/9	6 CF	RESAPT	LOMN	MD
21. BIGNATURE OF FUNERAL SERVICE	E LICENSEE		GEOR	GE-UPCH	URCH	FUNE	RAL H	OME	. P.A.
Wrendy 8	, upchurce		202	GREENE	SI.,	CUMBE	RLAND	, MD	21502
23. PART I. Enter the Diseases, or comblications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate Interval Between Onset and Death  MOS									
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or injury that initiated events	d								
CAUSE (Disease or injury that initiated events	d	but not resulting i	n the underlyl	ng cause given in	Part I.	24s, WAS AN PERFORE	AED2	CO	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d.				_	PERFOR	AED2	CO OF	ILABLE PRIOR TO MPLETION OF CAUSE
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CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions and investigations are resulting in deeth) LAST  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICA EXAMINER?  1	NTRIBUTE TO CAUSE  HOSPITAL: 1 Inpetient 2 ER/OL (Month, Day, Year, Month, Day, Year, building, atc. (Sc	OF DEATH YE  26. PLACE OF OEAT  Appellent 3 DOA  Y  28b. TIMI (NJ)  RY — At home, farm, s  owledge, death occurre	S NO [TH (Check only one OTHER: 4   Nursing Ho E OF   28c. If URY   M   1   street, factory, off	UNCERTAI  Divine 5 Residence  NJURY AT  VORK?  YES 2 NO	N Other 28d. DES 28f. LOCA City of	PERFORI  t VES 2  (Specify)  CRIBE HOW IN  ATION (Street a  or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMCOOF	illable Prior To MPLETION OF CAUSE DEATH? YES 2 NO Number
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S HAME (First, Middle, Lest) Gordon V. Bortz					2. DATE OF DEATH	AY (	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 282–22–7615	t X M 2 □ F	in yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 13, 1	928 M	BIRTHPLACE (State or Foreign Country) ineral Ridge, Ol		
TOR	9a. FACILITY NAME (If not institution, give structure) Washington County RESIDENCE OF DECEMENT	•		Hagers	town	EATH	%. COUNTY OF DEATH Washington			
FUNERAL DIRECTOR	Maryland Washi	ngton		rown or Locat			16d. IHSIDE CITY LIMITS? 1 ☐ YES 2 💢 HO			
RAL	100. STREET AND HUMBER 1104 Murdock Aven	ue			21740		10g. CITIZEH OF WHAT COU			
BY FUNE	1t. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	U.S. ARMED 2 NO NTES	13. WAS OED	EHDENT OF HISPAI	NIC ORIGIN? (Specify Yein, Puerto Ricen, etc.)	USA  14. RACE — American Indian, Black, White, etc.  Specify: White				
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	WWII ATIOH completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working	16b. KIND OF BU		тяу		
OMP	17. FATHER'S NAME (First, Middle, Lest)		Directo	r's Ass:		Funera ME (First, Middle, Maiden				
BE C	Gordon Edward Bor	tz				Hoffman				
TO B	t9a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		ode)		
	Marcia R. Bortz					Hagerstown		21740		
	20a. METHOO OF OISPOSITIOH  t.A. Burlal 2 Cremation 3.A. Remo		PLACE AND DATE O	ner plece)		1		y or Town, Stata		
	21. SIGNATURE OF EUHERAL SERVICE LICE		unstette		ND ADDRESS OF FA	1/25/96 A	DISTRIBUTE	own. Unio		
	· Aleny to	sey	e f			l Home, Inc		17327		
	23. PART I. Enter the diseases, or coache the community of the condition resulting in dasth)	list only ona cauae on e	sch Ilna.			th as cardiac or resp	iratory arrea	t, Approximate Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Chrod. Clerche, Cerebro vir Cular  1 YES 2 10 HO  1DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   UNCERTAIN									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:						
BY PHYS	1 VES 2 NO  27. MAHHER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IH.	JURY AT ORK?	8 Other (Specify)  28d. DESCRIBE HOW	IHJURY OCCU	RED		
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IHJURY building, stc. (Spec		treet, factory, offic	ia .	281. LOCATIOH (Street City or Town, State		Rural Route Number,		
COMPLETED	onel only	CIAH: To the best of my know						cause(a) and manner as stated.		
TO BE (	296, SIGHATURE AND TITLE OF CERTIFIER	MO			29c. LICEHSE HU	MBER	29d. DATE S	1-21-96		
F	7-01	ig, was	HING TO	Print) CO	777	HOSMIT	40			
	31. DATE FILED (Month, Day, Year)  JAN 2 6 1996	12. STRAR'S SIGH	ATURE							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

02971

Physiclar	1
/Medica	ı

Examine

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglena. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any Injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be assocuted within 24 hours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and complately filled in by the funeral director, page 2 should be detached for use as the buriet-transit Division of Vital Records, P.O. Box 68760,

			Ce	rtificate of	f Death		В	eg. No.		
n il	1. Decedent's Neme (First, Middle, L	Fred Edwa	rd Bake	r			2. Dete of Dee Jayrdary	lh	95°	3. Time of Death
r	4a. Fecility Neme (If not Institution, git Harford Memor	ial Hospital			Havr	e de	e Grace		of Death ford	
	5. Sociel Security Number 6.  189-07-2861  Usuel Residence of Decedent	Sex 10 M 2□ F 7 4	rs. lest birthdey) Yrs.	Months Dey		24 Hrs. Min.	8. Dete of Birth (Month, Day 04/30/2		Cour	olece (State or Forei ntry) sylvania
	10a. Stete 10b. County	10c.	City, Town or Lo	ocation					1	10d. Inside City Limi
5	Maryland Harford	d	Aberdee	n						1 X Yes 2 □ N
200	10e. Street end Number			10f. Zip Code			1	0g. Citizen of V	Vhat Cour	ntry?
	404 Bar Kess Cou	rt		21	001			USA		
	11. Meritel Stetus	12. Wes Decedent Ever in Armed Forces?	U,S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Orl ben, Mexicar	lgin? (Sp 1, Puerto	ecify Yes or No- Rican, etc.)		e - Americ k, White,	can Indian, etc.
	1 ☐ Never Merried 2X Merried 3 ☐ Widowed 4 ☐ Divorced	1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: 19	45/46	1□ Yes 2NN	o Specify:			Specify	· W	hite
	15. Decedent's E (Specify only highest gi		(Give	dent's Usuel Occi kind of work don	e durina mos	t of work	ing	16b. Kind of Bu	siness/in	dustry
	Elementery/Secondery (0-12)	College (1-4or 5+)		DO NOT use retir				Constr	i	070
	17. Fether's Neme (First, Middle, Las	-61	Owne	r/Operat	T	or's Nom	e (First, Middle, i			OH
	Farl Lawrence Ba						her Bai		9)	
1	19a. Informent's Neme/Reletionship		19b Melli	ng Address (Stre					State Zir	Code)
	Anna R. Baker -			Bar Kess						
	20e. Method of Disposition 1 1  Buriel 2  □ Cremetion 3  1  □ Donetion 5  □ Other (Special Control of the Cont	☐Removel from State	cametery, cre	osttion (Neme of metory or other pa Memorial				20c. Location -		
	Immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	Due to	o (or as e consec	quence of):						Onsel and Deeth
	Part II. Other significant conditions	0	esulting in the u	inderlying cause (	iven in Part I	l <b>.</b>	23b. Did to		3 Pro	o the cause of deal
a possidium of	CV L     CV L	anowe					24e. Wes a perform	n autopsy ned?	av co	ere autopsy findings rallable prior to pmpletion of cause death?
							1 🗆 Y	es 2)8 No	1[	☐ Yes 2☐ No
1	25. Wes case referred to medical examiner?				26. Plece	of Deet	h (Check only or	10)		
2	1   Yes 2 No  27. Menner of Deeth  1 Neturel 5   Pending 2   Accident investigation	28a. Dete of Injury (Month, Dey Year,	ER/Outpatier  28b. Time of finjury	f 28c. Inj			me 5 Reside 28d. Describe h	ence 6 Other		<u>(v)</u>
	3 Suicide 6 Could not I determined	28e. Plece of Injury - A building, etc. (Spe	t home, farm, str	reet, fectory, office	9		28f. Location (Si City or Town		er or Rure	al Route Number,
	29a. Certifier (Check only one)	hysician: To the best of my k miner: On the basis of exem end menner steted.	nowledge, deet Inetion end/or In	h occurred et the vestigetlon, in my	time, dete en oplnion, dee	d plece, th occurr	end due to the cred et the time, d	euse(s) end me ate end place,	nner as s and due to	tated. o the cause(s)
1	29b. Signeture end title of cartifier	MD		29c. Licer	nse number	2	2	9d. Day6 signed	96 96	Dey, Year)
	30. Name and eddress of person who CHHUES FCK 31. Date filed (Month, Dey, Year)	JQ. 219 U	U. BE	Print	ALVE		ABEU.	DECEL	1,W	W 210

Registrar

JAN 2 2 1996

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BALTIMORE, MARYLAND 21215-0020

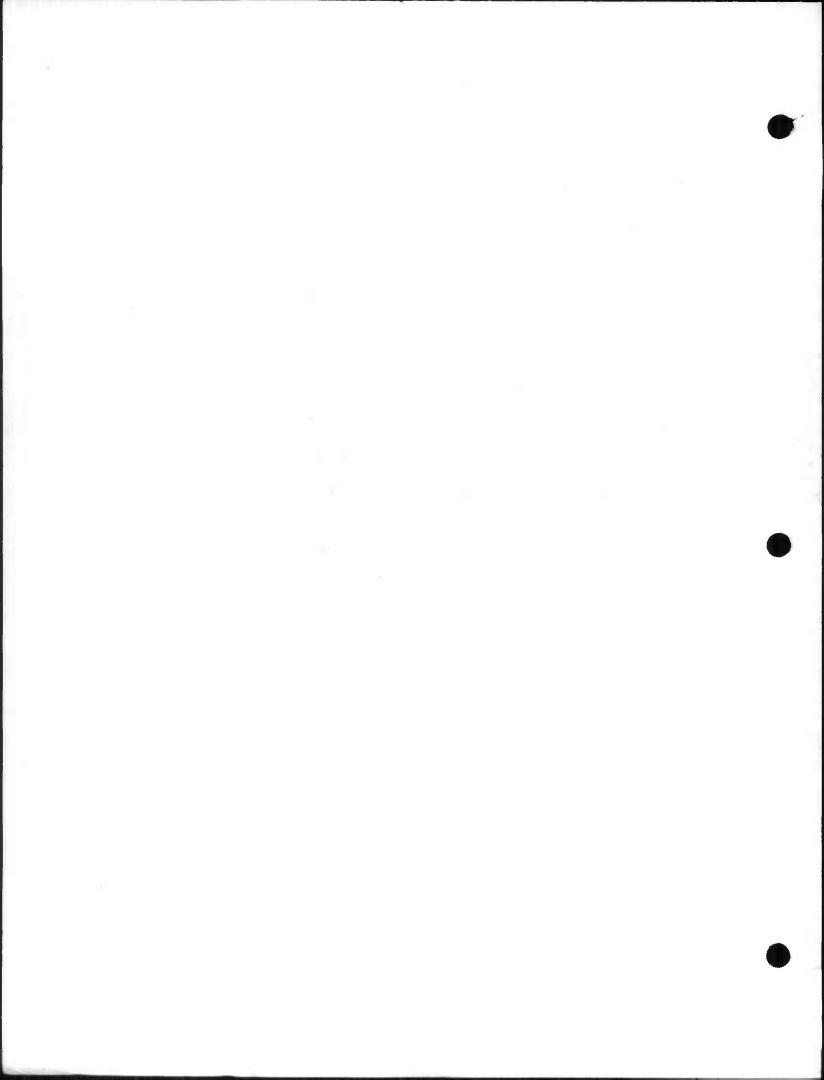
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTI			MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	George Lee	Beitz	ell		January 26	5, 1996	8:14 A M				
	220 16 4250	No.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	e, Bif	RTHPLACE (State or Foreign untry)				
		YRS.			Apr 5, 192	2 Ma:	ryland				
~	9e. FACILITY NAME (If not institution, give street and number) St. Mary's Hospital		ь. city, town c ieonard1	PR LOCATION OF DE	ATH	9c. COUNTY OF					
DIRECTOR	St. Mary's Hospital Leonardtown St. Mary's										
350	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	TON			10d, INSIDE CITY LIMITS?				
	Maryland St. Mary's	Aver	nue			1 YES 2 NO					
3AL	10e. STREET AND NUMBER		1.00	. ZIP CODE			F WHAT COUNTRY?				
FUNERAL	P.O. Box 5			20609		U.S					
	11. MARITAL STATUS  1 □ Never Merried 2 ☒ Merried  12. WAS DECEDENT EVER FORCES? 1 ☒ YES	2 NO	If yes, sp	ecify Cuban, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	8	ACE — American Indian, lack, White, etc.				
ВУ	3 Wildowed 4 Divorced 1944 - 1945	DATES	1 U YES	2 X NO Specify		W	hite				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION MODEL	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	٧				
	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use i	retired.)			_					
MP	12th grade	Watermar	J		Seafoo						
8	Charles Henry	Beitzell		Mary	WE (First, Middle, Meiden Ida		eseldine				
BE	19a, INFORMANT'S NAME (Type/Print)				loute Number, City or Tow						
2	Frances M. Beitzell	P.O. F	30x 5,	Avenue, M	Maryland :	20609					
		b. PLACE AND DATE OF metery, crematory or othe		me of	DATE 20c. LO	CATION — City or	Town, State				
	4 Donetion 6 Other (Specify)	harles Men	morial (	Gardens 1	/29/96 Le	onardto	wn, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Mattir	igley-Gar	diner Fune	eral Hon	ne, P.A.				
	Michael & Sproline	2					yland 20650				
:	23. PART I Enter the diseases, or complications that cause shock, or heart fallure. List only one cause on	d the death. Do not each line.	t anter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition	reble	an	7			Onsat and Death				
		A CONSEQUENCE OF):					SCC				
z		175C	VJ								
CERTIFICATION	If any, leading to immediate	A CONSEQUENCE OF):									
SICA	CAUSE (Disease or injury	A CONSEQUENCE OF):									
Ē	that initiated eventa BUE TO (OR AS reautiling in death) LAST	A CONSEQUENCE OF).					İ				
	d.										
AL	PART II. Other algnificant conditions contributing to death	but not reaulting in	the underlyin	g cause given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă					1 YES 2	X NO	OF DEATH?				
W	DID TOBACCO USE CONTRIBUTE TO CAUSE (	DE DEATH VES	T NO F	LINICEDTAIN			t YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH		JOINCERIAII	101						
SIC	EXAMINER?  1 X YES 2 NO  NO  NO  NO  POPITAL:  1 Inputient 2 ER/Out		OTHER:	Residence	8 Other (Specify)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME		URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	)				
ВУ	Natural 5 Pending 2 Accident Investigation		- M t	YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	Y — At home, ferm, str ecify)	eet, factory, offic	12	281. LOCATION (Street City or Town, State)		ral Route Number,				
E	29e, CERTIFIER		00		N/	7-					
COMPLETED	(Check only one)  2  MEDICAL EXAMINER: On the best of axeminations of axeminat						se(s) and manner as stated				
	29b. SIGNATURE AND TITLE OF CERMIFIER			29¢. LICENSE NUM							
BE	my my my	1		3/42	-85	≥ 2/	YED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P		700		-/	21/12,				
	William D. Boyd, II, M.D.		Lec	nardtown	, Maryland	20650	)				
	31. DATE FILED MONTH 300 000 1996 Files Charles SIG	NATURE 11									
	The state of the s	7 7,541									



Anguaged # 196. P. G. Co. 1-22-96 CF

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made a	1 D.
FOR STATE REGISTRAR	STAT
1. DECEDENT'S NAME (First, Middle, L	REY
A COCIAL CECHOLTY MIMBED	I sook

	1 - STATE REGISTRAR	SIMIE UF MIMI	LANG.	CERTIF	ICATE	E OF	DEAT	H.	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)		,						2. DATE OF DEATH			3. TIME OF DEATH
	HUDRE	Y M		BREI	NI				JANUALY	17-1	1996	8.52 M
		SepX 6. A	GE (In yrs.	lest birthday)	JF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 / 13 / 3 0	100	Count	HPLACE (State or Foreign
	9a_EACILITY NAME (If not institution, give street		0.5	This.		. =======				m		yland
œ	Sa EACILITY NAME (if not institution, give street	and number)	.11	-	96, CITY	11	R LOCATIO		ATH		INTY OF D	- /) /
ē	RESIDENCE OF DECEDENT	MALLER	7108	PITAC		L/	NIC	מנכ		PI	NIN	E CKOKOK
E I	10a. STATE 10b. COUNTY				Y, TOWN							10d. INSIDE CITY
DIRECTOR	Md.	P.G.		C	apit	col	Hgts	5 .				t X YES 2 NO
	10a. STREET AND NUMBER					101	ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	6620 Sisa	lbed Dr	•				20	743		i	U.S.	Α.
5		. WAS DECEDENT EV							C ORIGIN? (Specify Yes	or No-	t4. RAC	E — American Indien, k, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR		NO			2 NO		, Puerto Rican, etc.)		Spec	
												Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		16a.	(Give kind of life, Do NOT us	USUAL O work done	during mo:	N st of workin	g	16b. KIND OF BUS	INESS/IN	DUSTRY	
Щ		college (1-4 or 5+)		afety					II C	Cor		
M P	12th			arety	<u> </u>	ves					vern	ment
	17. FATHER'S NAME (First, Middle, Last)  Mason T. Whit	+ 0							ME (First, Middle, Melden rice Fen			
BE	19e. INFORMANT'S NAME (Type/Print)	Le	Ť									
9	Jon K. Brent								assas 🐙			0
	20g. METHOD OF DISPOSITION		201 01 0					Man				
	1 X Burtel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	trom State	cemetery.	CEAND DATE	ther place)			/22	1			own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	Mt.	011		NAME AN	O ADDRES	S OF EAC	H ITY		, D.C	
		. 0		-		H.S	. Was	hin	gton & Sughs Ave	ons	, Inc	
	Jany 11		all									
	23. PART I. Enter the diseases, or com shock, or heert fallure. List	plications that call only one cause	uead the	death. Do :	not enter	r the mo	de of dyl	ng, such	aa cardiac or reepi	ratory a	rreet,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)	и /	Na		/	1 -	/	/	- n 1	. V	1	Onest and Death
	disease or condition reaulting in death)	Heute	My	Car	dial	In	tar	etiv	ni Grd10	re H	rres	31 24-36 MYS
		DUE TO (OR	AS A CON	SEQUENCE O	F):		100	Louis	2 Disea	00		30,404
O	Sequentially list conditions, b.	Under DUE TO (OR	AS A CON	SEQUENCE O	Fin E	ry	11/	11	1 Piseu	> =		acycs.
AT	If any, leading to immediate cause. Enter UNDERLYING	332 10 (011		presenter o	. ,.	V		V				i /
FI	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CON	ISEOUENCE O	F):							
CERTIFICATION	resulting in death) LAST											
	DART II OIL - I - III											1
MEDICAL	PART II. Other algnificant conditions	rdioneyo	4 4	11 1	1000	2.	/		PERFOR		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ğ		ral Fai		1	/	-	rdi	4	1 TYES 2	MO		OF DEATH?
							Inly	5/5				1 YES 2 NO
AN	DID TOBACCO USE CONTRIB	UIE 10 CAUS		LACE OF DEA		NO L	] UNC	ERTAIN	1 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHE	R:						
1YS	1 VES 2 NO 18	28e. DATE OF INJI		28b. TIR	-	28c. INJ		sidence	8 Other (Specify)	N III III O	2011DED	
	1 Natural 5 Pending	(Month, Day, Y			JURY	WO	PRK?	- NO	28d. DESCRIBE HOW II	NJURY O	CCUHED	
ВУ	2 Accident Investigation	28e. PLACE OF IN	IIIDY _ A	t home form	miraal tan			NO	28t. LOCATION (Street e	and Moranh	as as Green!	Parity Museline
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)	a nome, win,	atreet, tec	nory, orne			City or Town, State)	ina numbi	er or nurar	Proute Number,
Ш	29e. CERTIFIER											
COMPLETED	(Check only											(1)
00	2 MEDICAL EXAMINER: C	ni die vesis di exami	nation end	I/OF INVESTIGATE	on, in my	opinion, d						
BE (	296. SIGNATURE AND TITLE OF CERTIFIER	- 1 a n	17					NSE NUN	Y / / 1 /	29d. DA	TE SIGNE	O (Month, Day, Year)
9	Kinkrall. Th	rson, 111	$\mathcal{D}$		0.1			722		/	110	196
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETEO CAUSE O	F OEATH	(ITEM 27) (Type	) / /	1 =	+	DI	Ft. Was	d 1	mi	20704
	MACAY A H. JAVS	min	12	125	V/d	10	1	N d	11.000	11	עוו	~

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State of Maryland / Department of Health and Mental Hygiene 96 02974

				,	Ce	rtificate of		R	eg. No.		
	Dharaini		1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee	th Dey	Yeer	3. Time of Death
	Physici /Medi		Frederick Arthur	Bauer				January	17 199	6	1:50 PM
d	Exami		4a. Facility Name (If not institution, give s				4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
			1609 Crofton Park				Crofton	_	Anne A		
	Funeral Director		172 20 0021 22	7. Age (In yrs. 65	last birthdey, Yrs.	Months Deys		8. Dete of Birth (Month, Day July 9	, 1930	9. Birthple Count Minn	ace (State or Foreign ry) esota
	pue *		Usuel Residenca of Decedent  10a. Stete 10b. County	10c Ci	tv. Town or L	ocation				10	d. Inside City Limits
	se Maryle Sa-f aho	ctor	Maryland Anne Aru			Crof	ton				1□ Yes 🐉 No
	23a or 2	Funeral Director	10e. Street and Number 1609 Crofton Park	way		10f. Zip Code 2 I	114		Og. Citizen of V United		
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health and Mentel Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow say injury or other treumetic avent, the Medical Examinat nust be notified at once.	by	11. Meritel Stetus  1 Never Merried ANMerried  3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1951.		Wes Decedent of if Yes, specify Cub  1 ☐ Yes 2 ☒ No	Hispanic Origin? (Speen, Mexican, Puerlo Specify:			e - America k, White, e Wh	
5-0	72 h	Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16a. Dece (Give	dent's Usuel Occu	pation during most of worl ed)	king	16b. Kind of Bu	siness/Ind	ustry
121	within then then	Idm	Elementery/Secondary (0-12)	College (1-4or 5+)		DO NOT use retire Lyst	9d)		N.S.A	٨	
9	Hygie ther ther	ပိ	17. Fether's Neme (First, Middle, Last)	5	Alla.	Lyst	18. Mother's Nem	e (First Middle		-	
an	ed be selected by the selected	o Be	Fred Bau	er			Ruth	01s		0,	
Maryland	Shoul mark	70	19e. Informent's Neme/Reletionship (Ty	pe. Print)	19b. Meil	Ina Address (Stree	t end Number or Ru	rai Route Number	r. City or Town.	State. Zio	Code)
	nd 2		Rosemary I. Bauer	Wife			Parkway		n Maryla		21114
re,	s 1 a of Hear		20e. Method of Disposition	20b. F	Plece of Disp	osition (Neme of metory or other ple			20c. Location -		
E	Page nent of nr: If rry or		1 ☐ Burial 23☐Cremetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)				matory 1/	19/96	Alexa	ndria	Virginia
Baltimore,	permit. Departministry Importa		21. Signeture of Funerel Service License	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	1	2. Name end Addr Robert E.	Evane Er	neral Ho	ome, P.A	Α.	
	-	H	23e. Part1. Enter the disease, or complications, or heart feilure. List only on	MUND_, IN	ls.	1.6000 Ann	apolis Ro	. Bowie	Md. 20	715	Approximate
À,	Physician		shock, or heart feilure. List only on	e cause on each line.	50 1101 011		ing, scorr os sarcios	or respiretory or	001,		Interval Between Onset and Deeth
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	tificate be executed ig physician and es the buriel-transit	edical Examiner	Sequentially list conditions.	Due to (r	or es e conse	quenca of):					
o,	a exe	Ä	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events								
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o.	the a	Physician/	Pert ii. Other eignificant conditions con-	tributing to deeth but not res	sulting in the u	underlying cause gi	iven in Pert i.	23b, Did to	obacco use cor	tribute to	the cause of death?
, P.O.	that the death ned by the atter detached for t	by Phy						1 🗆 Y	00 20 No	3 Prob	ably 4 Unknown
Vital Records,	The law requires that the death cerate hes been signed by the attendir page 2 should be detached for use	Completed b						24e. Wes a perform	n eutopsy med?	ava	re autopsy findings ilable prior to apletion of cause leath?
Re	yslcian: The lav is certificate hes director, page 2	шо						1 🗆 Y	es 2 No		Yes No
æ		Be C	25. Wes case referred to medical				26. Plece of Dee	th (Check only or	21 23 2		
>	5 00	To	examiner? 1 □ Yes 207 No	lospitel: 1   Inpatient 2	ER/Outpatie	nt 3 DOA Ot	her: 4 Nursing H	ome 5 Reside	ence 6 Oth	er (Specify	)
on of	Attanding Physical death.		27. Menper of Death Neturel 5 Pending Accident investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of injury	Wo	rry et ork? ] Yes 2 ☐ No	28d. Describe h	ow Injury occurr	ed	
Division	2 4 2 5	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Injury - At h building, etc. (Specif	ome, ferm, st	reet, fectory, office		28f. Location (S City or Town		er or Rural	Route Number,
	To the Hospital within 24 hours of To the Funerel Completely filled	edical (	29e. Cartifier (Check only one) Cartifying Phys	ician: To the best of my knower: On the basis of exemine end menner steted.	owledge, deet etion end/or in	h occurred et the to exestigetion, in my	lme, dete end piece, opinion, deeth occui	and due to the c red et the time, d	euse(s) end me ete end place, i	nner es sta and due to	ited. the cause(s)
	To the Within To the comple	Me	29b. Signeture end title of certifier			29c. Licen	se number	2	9d. Dete signed	d (Month, D	Jay, Year)
	->-0		Men			0	29571		1/1	9/9	6
F	0) IVa		30. Name end eddress of person who co	mpleted cause of deeth (Iter	m 23a) (Type,				ofton	mT	21114
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31. DATE FILED (Month, Day, Year)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JANUARY 27, 1998 WILLIAM WHITE BAGLEY, Sr. 9:03pm. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. (Month, Day, Year) 9-27-42 227-50-4885 53 YRS. 1 🔯 M 2 🗌 F Pennsylvania 9e. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR DOCTORS COMMUNITY HOSPITAL LANHAM-SEABROOK PRINCE GEORGE'S CO. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Capitol Heights Maryland XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20743 USA 6602 Arlene Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 240 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, stc.) 1 Never Married 2 Merried Specify: Black 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify or (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Private COMPL Distribution Manager 12th once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Julie White Garland Bagley 70 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CA 90403 1007 Lincoln Blvd, Santa Monica, Rodney Marshall Bagley pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Burlel 2 Cremetion 3 X Removal from State 1/26 South Hill, Virginia 4 ☐ Donation 5 ☐ Other (Specify) restview Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 20785 J.B. Jenkins Funeral Home Buscoe-Tonic Somerly 7474 Landover Road, Landover, MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) Brain Death HOURS event, DUE TO (OR AS A CONSEQUENCE OF): MASSIVE INTRA (BIEB) DUE TO (OR AS A CONSEQUENCE OF): other traumatic HOURS CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING COAGULO PATHY
DUE TO (OR AS A CONSEQUENCE OF): DAYS CAUSE (Disease or injury that initiated events reaulting in death) LAST MULTIPLE MYELOMA 27EARS 0 injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AMAILABLE PRIOR TO any RENAL COMPLETION OF CAUSE OF DEATH? FAILUNE 1 YES 2 NO Shows DIABETES MELLITUS 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DI UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 | YES 2 | 10 1 Inpetient 2 ER/Outpatient 3 DOA 6 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Setural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) o the hospital or attending the funeral director: Affection in the within 72 hours after de MPORTANT: It Itom 28 is in 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 ETED. 8 Could not be 4 Homicide 29e. CERTIFIER (Chack only Chack only 14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT 29h. SIGNATURE AND TIPLE OF CERTIFIER LICENSE NUMBER BE

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR RAY ALLEN BAKER 1996 2:00 AM 10, January 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. May 20, 1964 South Carolina 248-33-7319 1 XM 2 F 31 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Prince Georges Oxon Hill 803 Irvington Street #202 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNT 10a. STATE 10d. INSIDE CITY Oxon Hill MD Prince Georges XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20745 USA 803 Irvington Street #202 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, specify Cuban, Maxican, Puarto Rican, atc.)
 \( \subseteq \text{YE} \) NO Specify 14. RACE — American Indian, Black, White, atc. 1 New Married 2 Married Specify: BY 3 Widowed 4 Divorced **Black** G 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Ш Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Accounting Representative | Kline-Tyson Toyota once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Rebecca McLamore Henry Baker 75 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1687 South Hill Rd., Timmonsville, SC 29161 Rebecca M. Baker 96 20a. METHOD OF DISPOSITION 20c. LOCATION - Cify or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Bacote-Eddy Funeral Home 1/15/96 Timmonsville, SC examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE P. m Marshall's Funeral Home, Inc. 4308 Suitland Rd., Suitland, MD 20746 23. Pay 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Het only one never on each "less" medical ahock, or heart failure. List only one cause on each line. interval Batwean **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition\_ Acquired Immune Deficiency Syndrome other traumatic event, reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST 9 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NOX UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL OTHER:
4 | Nursing Name 5 | XRasidenca 6 | Other (Specify) 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 0 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 5 Pending Investigation 1 50 Natural 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY - At home, term, street, lectory, office E FUNERAL DIRECTOR: At within 72 hours after de RTANT: If Nem 28 is 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED. 4 Nomicide 29e. CERTIFIER (Check only 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated, IMPORTANT 29b. SIGNATURE THE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D19431 1/18/96 2 30. HAME AND ARDINESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank M. Ryan, M.D. 6188 Oxon Hill Rd. #601 Oxon Hill, MD 20748 31. DATE FILED (Month, Day, Year)

JAN 22 1996 32 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	OF	DEAT	H		REG. N	10.

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		02311
1. DECEDENT'S NAME (First,	Middle, Last)	L.	BAGU	40		2. DATE OF DEATH DANNING DANNING	18. 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-33-6527 99. FACILITY NAME (If not ine	1	XX <sup>M 2 □ F</sup> 50	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 10/31/45	B. BIRT Cour	lippine Islan
SOUTHERN RESIDENCE OF DEC		ANY LAND Y	tospine	6	LIN TON	)	Princi	- GEORGES
Maryland  100. STREET AND NUMBER		George			gton ZIP CODE			10d. INSIDE CITY LIMITS? 1XXYES 2 NO WHAT COUNTRY?
8900 Loughra  11. MARITAL STATUS 1 Never Merried 3 1 Vidowed 4 Divor	12 Merried	ace  was decedent even forces? 1 yes if yes, give war or to	2 V NO	13. WAS DEC	20744 ENDENT OF HISPAN ecity Cuben, Mexica 2 X NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Spe	
15. DECE	DENT'S EDUCAT highest grade cor		16a. DECEDENT'S US (Give kind of work life. Do NOT use re Self—emp]	done during mo etired.)	ON st of working	166. KIND OF BU	SINESS/INDUSTRY	lipino
Ü	Baguyo	4			Cristi	ME (First, Middle, Meiden ta Lapiz	Surname)	
190. INFORMANT'S NAME (T) Filma Bagt  200. METHOD OF DISPOSITION 1X ABURIO 2 □ Cremetto	ıyo	20	SAME AS	s item	10	DATE 20c. LC	on, Stete, Zip Code)  CATION — City or	Town, State
1X_XBuriel 2 Cremetion 4 Donetion 5 Diper 21, SIGNATURE OF THE RAL	(Specify)	T	Cesulfection	Ceme 22. NAME AI Georg	etery 1/2 no address of FA ge P. Kal		Inton, Mo l Home	1.
iMMEDIATE CAUSE (Fin disesse or condition resulting in death)	el a	DUE TO (ON AS	A CONSEQUENCE OF):	enter the mo	k	has cardiac or resp	0	Approximate interval Between Onset and Death
Sequentially list condity if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injusting in that initiated evental resulting in death) LAST	ry c.	In	ACONSEQUENCE OF):  A CONSEQUENCE OF):	CDV		mise		€2
PART ii. Other significe	nt conditions	contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part i. 24a. WAS AF PERFO	RMED?	bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO U		BUTE TO CAUSE (	OF DEATH YES			<b>ч</b> 🗆		
EXAMINER? 1 VES 2 NO	1	IOSPITAL:	tpatient 3 DOA 4		ne 5 🗆 Reeldence	8 Other (Specify)		
2 Accident	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C INJUR	M 1 🗆	JURY AT ORK? YES 2 NO	281, LOCATION (Street		Court March
4 Homicide	Could not be determined	building, etc. (Sp	ecify)			City or Town, State	)	TOTAL TENTON,
anal and		AN: To the best of my kno On the best of exeminati						o(e) and manner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	TAI	>		29c. LICENSE NUI D 345			8° 1996
30. NAME AND ADDRESS OF	The same of the sa	SON 65	SEATH (ITEM 27) (Type, Pr	int) DDOCK		D Alexa	nehici	22312 Va.
31. DATE FILED (Morgh, Day,	1996	32. REGISTRAR'S SIG						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joel Duns	son	Blackw	e11		January 8	1996	4:25 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	577-52-7005  9a. FACILITY NAME (If not institution, give st	1∑□ M 2 □ F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Mon8/23%)06		Esbury, SC
œ					OR LOCATION OF DE.		9c. COUNTY OF	
DIRECTOR	Manor Care- Largo			Largo			Prince	George's
JEC	10e. STATE 10b. COUNTY		10c. C	TY, TOWN DR LOCA	TION			10d. INSIDE CITY LIMITS?
	DC N	I/A		Washingt	on			t VES 2 NO
AL	10e. STREET AND NUMBER			10	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	119 R Street NW				20001		US	A
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 V			ENDENT DF HISPAN	IC DRIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ick, White, atc.
ВУ	3 √ Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES WWTT		2 NO Specify			ocity:
	15. DECEDENT'S EDUC			'S USUAL OCCUPATI	ON .	18b. KIND OF BUS		lack
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	of work done during me use retired.)	est of working	IOL KIND OF BOO	MESS/MDOSTAT	to the same
2	12 Yrs	6 Yrs	Attor	nev		Lawye	or	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	V III	1 210001	TIC y	18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE C	John Hodges Blackw	ze11			Anna	Eugenia Jo	nes	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street		Poute Number, City or Town		
2	Ellen Anna Black	well	119	R ST NW	DC 2000	)1		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E DF DISPOSITION (N	ame of	DATE 20c, LO	CATION — City or	Town, Stata
	4 Donation 5 Other (Specify)	year moin state	celerneo in			1/17/96		), MD.
8	21. SIGNATURE OF FUNERAL SERVICE LIC	A C		22. NAME A	ohn T. R	nines Co.,	Inc.	
	* Robert L.	Plun	me			St NE, D		
	23. PART I. Enter the diseases, or o	complications that car	sed the death, Do	not anter the me	ode of dying, auct	n as cardiac or reapl	ratory arreat,	Approximata
	ahock, or heart failure.	Liet only one cause of			,	_		Onset and Death
	disease or condition resulting in deeth)	Car.	men	anti	- ory 1	h'sea	Ce	1046.85
	readiting in death)	DUE TO (OR	AS A CONSESSUENCE	DF):	10		alt	10 8-40
Z	Sequentially list conditions,	b,			-			
CERTIFICATION	If any, leading to immediate	DUE TO (DR	AS A CONSEDUENCE	DF):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	AS A CONSEQUENCE	nn.				
Ë	thet initieted events resulting in death) LAST	DOE TO (DR	AS A CONSEQUENCE	OF).				
ä		d						
AL	PART II. Other aignificant condition		th but not resultin	g in the underlyin				4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Concentor	rascula	3 accia	But. A	Theros	CI- 1   YES 2		COMPLETION OF CAUSE OF DEATH?
MEDIC	-eratic	Card	's rus	was t	Ditta.	Fr	-	1 _ YES 2 _ NO
ž	DID TOBACCO USE CONTI	RIBUTE TO CAUS	E OF DEATH	YES 🗋 NO 🛭	UNCERTAIN	1 D		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PLACE OF D	EATH (Check only one				
PHYSICIAN:	1 YES 2 ND	1   Inpatient 2   ER	Outpatient 3 DOA	OTHER: 4X Nursing Hor	ne 5 🗆 Rasidence	8 Other (Specify)		
Hd	27. MANNER OF DEATH	28a. DATE DF INJU (Month, Day, Ye		TIME DF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, atc.	JURY — At home, farm (Specify)	n, atreet, factory, offi	ia .	281. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
ETE								
PL	29e. CERTIFIER (Check only one)	ICIAN: To the best of my I	rnowledge, daath occ	urred at the lime, dat	and placa, and dua	to the cause(s) and mer	nner se stated.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of exami	nation end/or investige	ition, in my opinion,	death occured at the	time, data and place, an	d due to the cause	e(s) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIES	R	1		29c. LICENSE NUM	ABER	29d. DATE SIGNI	ED (Month, Day, Year)
TO B	Sam	T Cl	all		1734	2/4	1.1	1.96.
_	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE O	F DEATH (ITEM 27) (7)	rpe, Print)	0 1	· M	1 2	2711 2111
	Dam lellaw	1 4000	Mitche	riville	N. ROI	vie III	a. d	0116-3104
	31. DATE FILED (Month, Day, Year)	2 REGISTRAR'S	SIGNATURE					

manufacture of the second seco

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 02979

					Cer	tificate of	Death		Reg. No.	O	C 2 1	
	Dhamis	la.s	1. Decedent's Name (First, Middle, La	st)				2. Dete of De Month		Year	3. Time of	Death
6	Physici /Medi		GILBERT PANNELL	BENNETT, SR				JAN.		996	1:55	P.M.
5	Exami		4e. Fecility Neme (If not institution, giv	re street and number)			4b. City, Town, or					
			6521 8TH AVENUE			With the A.V. S	HYATTSV	ILLE	PRINC	E GEC	ORGES	
	Funeral Director		5. Sociel Security Number 6. S 578 30 6801	MIN OF	8 Yrs.	Months Deys	If Under 24 Hrs Hours Min	8. Dete of Bli (Month, De SEPT.	th by, Year) 17,1927	9. Birthp Coun WASH	olece (Stete o otry) INGTO	r Foreign
	/land		10e. Stete 10b. County	10c. Cit	y, Town or Loc	ation				1	Od. Inside Cl	ty Limits
	filed within 72 hours after death with the Maryland Hydiene. Wher than "natural", or items 23s or 25s-f show ent, it a Marical Examinet must be notified a	Director	MARYLAND PRINCE GE	ORGES HY/	ATTSVILLE	10f, Zip Code			10g. Citizen of V	Whet Cour	XX Yes	2 No
	3a or		6521 8TH. AVENUE			20783-	3108		U.S.A.			
	death	Funeral	11. Meritel Stetus	12. Wes Decedent Ever in U,	S. 13. W		Ilspanic Origin? (San, Mexican, Pue	Specify Yes or No		a - Americ		
21215-0020	urs aftar al', or ite Lagraine	by Fu	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces?  1 X Yes 2 □ No If Yes, Give Yeer or Detes: 11/45	1	Yes, specify Cub		no Hican, etc.)	Specify	BLAC		
2-0	72 ho	Completed	15. Decedent's Ed	ducation	16a, Decede	ent's Usuel Occup		arkina	16b. Kind of Bu			
21	en T	nple	(Specify only highest gra Elementery/Secondery (0-12)	College (1-4or 5+)	life. D	O NOT use retire	during most of wo	rking				
2	t the	Con	12TH.		ADMIN.	SECRETAR	Y FOR THE	NAVY	GOVER	MENT		
pu	tal Hygi d other	Be	17. Fether's Neme (First, Middle, Last,					me (First, Middle		e)		
7	should be ind Mental marked o	70	HARRY BENNE				BERTHA		HTIME			
	200		19e. Informent's Neme/Relationship (	Type, Print)	19b. Meilin	g Address (Street	end Number or F	lural Route Numb	er, City or Town,	Stete, Zip	Code)	
	os 1 and 20 Health Item 27 I		LILLIAN JEAN BENN 20e. Method of Disposition		6521 8	STH. AVENU	E,HYATTSVI	LLE,MD.20	83-3108 20c. Location -	City or To	wn State	
~			1 X Burial 2 ☐ Cremetion 3 ☐	Removel from Stete	emetery, crem	etory or other ple		1/19/96				
	교원문능		4 ☐ Donetion 5 ☐ Other (Specification 21. Signature of Foreral Service Licenses)			ATIONAL CE	Sess of Fecility E.	M DIE EVE	ARLINGTO			Y.
Ba	Departiment in police.			W ). On.			E,MT. RAIN			TIL, JE	.00 10100	
			23e. Pert1. Enter the disease, or com	plications that caused the death	1						Approximate	
N.E	bucician		shock, or heert feilure. List only	one ceuse on eech line.	i. Do not sine	i ale illoue of uy	ng, such es cardie	o or respiratory a	11001,		Interval Bet Onset and I	ween
	hysician /Medical		Immediete Ceuse (Final	met to	7 11	- 11 -						1/
E	Examiner		disease or condition resulting in deeth)	e. Metasta			len (l)				15m	M775
	ACCOUNT.	Je.		D00 10 (0	r as a consequ	Jerice Ot).				!		
	outed ransit	Examiner	Sequentially list conditions,	b. Due to (o	r es e consequ	uence of):				-		
o	an ar		if eny, leeding to immediate cause. Enter Underlying							1		
68760	rtrincate be executed ng physician and see the burial-transities.	edical	Ceuse (Disease or Injury that initiated events resulting in death) Last	C Due to (or	r es e consequ	enca of):						
9	0 8	≥		4								
Вох	eam ce attendir I for use	lan/		d								
o i	res mat me deam signed by the atter I be detached for u	Physician/	Pert II. Other significant conditions of	ontributing to death but not resu	ulting In the un	derlying cause gi	ven in Pert I.	23b. Dld	tobacco use cor	ntribute to	the cause o	of death?
Д.	ad by detac							10	Yes 2□ No	3 Prof	bebly 48	Unknown
Vital Records,	iaw requires mai me deam ce as been signed by the attendi 2 should be detached for use	d by						24a Wee	an autopsy	24h W	ere autopsy f	indings
Ö	been si should	Completed				<b>-</b>			omed?	COI	eilable prior to mpletion of c	0
E E	ate has	E C							Yes 2MNo		death?	
2	certificate		25. Wes case referred to medical				06 Disease ( De	7.		11	Yes 2	No
5	rnysician: The in this certificate he ral director, paga	To Be	exeminer?	Hospitel:	ER/Outpatient	3□ DOA Oth	200	eth <i>(Check</i> only) Home 52 Resi		er (Snecif	w)	
	5 5		27. Menner of Death	28e. Dete of Injury	28b. Time of	28c. Inju		1	how injury occur		,,	
0	Attending or death. ector: After by the fune	atlo	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Year)	Injury		Yes 2 □ No					
Division	or Attendation Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - At he building, etc. (Specify		et, fectory, office		28f. Location ( City or To	Street and Numb	er or Rura	i Route Num	ber,
<u>ā</u>		Cer		building, etc. (Opecin)	'/			Oily of 70	m, bloto,			
	Fun February	edical		yalclan: To the best of my know hiner: On the besis of examinet end menner steted.								)
	within 2 To the	M	29b. Signature and title of certifier	1 1/		29c. Licens	se number		29d. Dete signed	d (Month,	Dey, Year)	
5	(4)		nendou	H. Ken		02544	5		JANUARY 1	5, 199	96	
-			30. Neme and eddress of person who			Print)						
_/	IVA		DR. LINDSEY A. KE			IA AVENU	IE, WASHIN	IGTON, D. (	20037			
	Sta		31. Dete filed (Month, Dey, Year)	32. Registrer's Signe	ture	48						
	Registr	ar	JAN 17 19	96 John Dewal	The state of	45						

DHMH 16 Rev 6/95

Market State of the state of th

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
he funeral director, page 5 should be detached for al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	1
ir death. Page 6 may be retained by the hospital	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	3
		1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	7	
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
•	DIANE	= BENNI	778			JANUARY	10-1991	
	4. SOCIAL SECURITY NUMBER		n vrs. lest birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Flyings)
	5/8-58-9442	1 □ M 2 □XF 54	YRS. MOR	ITHS DAYS	HOURS MIN.	Aug. 11	, 194î	Wadesboro
H 1	9a. FACILITY NAME (If not institution, give s	. /	tospine 00.	Oi	N LOCATION OF DE	ATH	DAING	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			OWN OR LOCATI				tod, INSIDE CITY
DIRECTOR		P.G.		linton				LIMITS?
- 5	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	9211 Stuart La	ne		2	0735		Unit	ed States
5	It. MARITAL STATUS	12. WAS OECEDENT EVER IN				IIC ORIGIN? (Specify Yes	or No- t4. F	RACE — American Indian,
BYF	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puarto Ricen, etc.)		Black, White, atc. Specify:
	*	<u> </u>			X			Black
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use rel	done during mos	N t of working	t6b. KIND OF BU	SINESS/INOUSTF	SA
	Elementary/Secondary (0-12)	College (1-4 or 5+)		cician		Hair	Care	
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)		Deau	101411		ME (First, Middle, Maiden		
- 1	Robert H. Li	ttle				J. Baucor		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street ar		Poute Number, City or Tow		9)
2	Minnie Wilkins		4110	Gault	P1. N	.E. Wash	D.C.	20019
	20e. METHOD OF DISPOSITION t (XBurlal 2 ☐ Cremation 3 ☐ Rem		PLACE AND DATE OF D	ISPOSITION (Nat	ne of		CATION - City of	
	4 Donation 5 Other (Specify)	O Ha	etary, cramatory or other mony Me	em. Pa	rk 1	-17-96 La	andove	r, Md.
	21. SIGNATURA OF FUNERAL SERVICE LI	CENTER	10		D ADDRESS OF FA			rtuary
	* XImenall	H. XII	The	1425	Maryla	nd Ave.,	N.E.	
	23. PART L Enter the diseases, or	complications that caused	the death. Do not	enter the mod	de of dying, suc	h as cardiac or resp	iratory arrest,	Approximate
	IMMEDIATE CAUSE (Finel	List only one cause on ea	ich line.	1 -				Interval Between Onset and Death
	disesse or condition resulting in desth)	. Kenal	you	me				4 Month
	,	DUE TO (OR AS A	CONSEQUENCE OF					11100
Z	Sequentially list conditions,	· H.1.	V.					1 year
Ĭ	if sny, leading to immediate cause. Enter UNDERLYING	DOE TO JOR AS A	CONSEQUENCE OF):					
2	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF);					
CERTIFICATION	resulting in deeth) LAST	2						
- 1	2427 11 000 - 1 - 111 - 111							
¥	PART ii. Other significent condition	18 contributing to deeth b	ut not resulting in t	he underlying	cause given in	Part i. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ا ۾						1 TES :	NO X	OF DEATH?
PHYSICIAN: MEDIC	DID TODACCO LIST CONT	TRIBLITE TO CALISE O	F DEATH VEC		LINICEDTAL			1 YES 2 NO
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (		UNCERTAIL	N L I		
5	EXAMINER?	HOSPITAL:	_ 0	THER:				
H	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJU		8 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	D
	t Natural 5 Pending Investigation	(Month, Day, Year)	INJURY		RK? ES 2 NO			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, term, stree	rt, tectory, office		281, LOCATION (Street	and Number or Re	ural Route Number,
COMPLETED	4 Homicide datermined	building, etc. (Spec	ary)			City or Town, State	,	
	29a. CERTIFIER (Check only	SICIAN: To the best of my knowl	ledge, death occurred a	t the time, date	and place, and due	to the cause(s) and ma	nner as stated.	
2	000)	ER: On the basis of axamination						use(e) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	IR_			29c. LICENSE NUI	MBER	29d. DATE SIG	Might (Morgh, Day: Year)
O BE	andon	/ >			1-245	535	P 1,	11/96
=	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin			1	1	Margland
	LAXMI BE	7.WO 771	00 OCa	Bu	MON G	Granue.	Su	mon 20755
	3t. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					
	JAN 23 1996	Treat contract	- VIII AND					

The area.

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96-0236-033

Please Type or Print in Black Indelibie ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER MEO State of Maryland / Department of Health and Mental Hygiene

FILM G-732 2/9/96 t.t

**Physician** /Medical Examiner

Director

Funeral

Be

3. Time of Death 5:37 PM

10d. Inside City Limits

1DXYes 2□No

**Funeral** Director

the Maryland show r than "naturel", or items 23e or 28a-f short the Medical Examples must be notified at with death filed within 72 hours after

Hygiene. marked other 7 is marked other traumatic event. Peges 1 and 2 should be nent of Health and Mental nt of Health a If from 27 is or other tra Department of Important: If eny injury or

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Records,

Division of Vitai

Hospital 24 hours

within 2 To the

**Physician** /Medical Examiner

Examiner The law requires that the death certificate be executed burial-transit Bud physician the burial Physician/Medical 80 USe ate has been signed by the a page 2 should be detached for þ Completed certificate or Attending Physician: director. Be 2 this funeral Certification: After efter death. the in by Filled

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth JAN. ALEXANDER BROWN TV 15, 1996 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth PRINCE GEORGE HOSPITAL CHEVELY Prince George's 5. Sociel Security Number 6. Sex If Under 1 Yeer | If Under 24 Hrs. 9. Birthpiece (State or Foreign Country)Germany Frankfurt, 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) XXM 2□F Deys Yrs. 578-04-8610 19 7 - 30 - 76Usuel Residence of Decedent 10e Stete 10h Counts 10c. City. Town or Location N/A N/A Washington, DC 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20019 4403 Quarles Street, NE #13 USA Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 20X No If Yes, Give Yeer or Dates: 1 Never Married 2 Merried 1 ☐ Yes 2X No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) Private 12th Student 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Alexander Brown III Claudette A. White 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20743 Alexander Brown III/Father 6002 Jefferson Heights Dr, Seat Pleasant 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete ▶ Buriel 2 □ Cremetion 3 □ Removel from State 1/22 Landover, MD 4 ☐ Donetion 5 ☐ Other (Specify) Harmony Memorial Park 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility J. B. Jenkins Funeral Home (812) 7474 Landover Road, Landover, 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Immediate Cause (Finel ACUTE EPIGLOTTITIS diseese or condition resulting in death) Due to (or es e consequence of): Due to (or es e consequence of):

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest

25. Was case referred to medical

4 Homicide

TUALON

Due to (or es e consequence of):

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

JAN. 16, 1996

24e. Was an autopsy performed?

24b. Were autopsy findings avelleble prior to completion of cause of death?

MD 20785

Approximete interval Between Onset end Deeth

Yes 2 No 26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred

28c. Injury at Work? 1XXNetural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and manner as steted.

25 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end manner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

0 ind eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MP

111 Penn Street, Baltimore, Maryland 21201

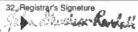
O.C.M.E.

State Registrar

Medical

31. Dete filed (Month, Dey, Year) 23 1996

LOCKE



## Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 0 C

ì			State of Maryland /	Certificate of		Reg.	20	02982
	m	J	1. Decedent's Name (First, Middle, Last)			Date of Death Month	Day Vaar	3. Tima of Death
	Physici /Medic		FRANCIS JULIUS	BROWN		NUARY 2	Day Year 1. 1996	12 50AM
Ť	Examir		4a. Facility Name (If not institution, give street and number)		4b. City, Town, or Location		4c. County of Dee	
			Prince George's Hospital		Cheverly		rince	George's
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. lest	birthdey) If Under 1 Yeer Months Days		Date of Birth Month, Day, Ye		rthplace (Stete or Foreign
	Director		215-62-7682 1™ 2□F 41  Usual Residence of Decedent	Yrs. Months Days	Hours Min. (7	1 - 25 - 1	954 Ma	ryland
	dand dand			own or Location				10d. Inside City Limits
	Mary Find	to	Maryland Prince Cal	pitol Heig	hts			1 X Yes 2 □ No
	28s	Director	10e. Street and Number	10f. Zip Code		10g.	Citizen of What C	ountry?
	3a o	Ē	1216 Sue Lane	2074:	3		U.S.A.	
	Jeath Tree 2	lera	11. Merital Status 12. Wes Decedent Ever in U.S.			Yes or No-	14. Rece - Ame	erican Indian,
21215-0020	swithin 72 hours after death with the Maryland liene. Then "natural", or itema 23a or 28e-f show The Medical Examiner must be notified at	by Funeral	Armed Forces?  1 □ Never Merried 2 ☑ Married  1 □ Yes 2 ☑ No If Yes, Give Yeer or Dates:	If Yes, specify Cut 1 ☐ Yes 2 ☑ No	Hispanic Origin? (Specify ban, Mexican, Puerto Ricar Specify:	n, etc.)	Black, Whi	
0-0		Completed	15. Decedent's Education	6a. Decedent's Usual Occu	pation	16b	. Kind of Business	3/Industry
218	filed within 72 Hygiene. ither than "nai	pie	(Specify only highest grade completed)  Elementary/Secondary (0-12) Coilege (1-4or 5+)	(Give kind of work done life. DO NOT use retire	during most of working ad)	ĺ	Darkson	
7	d withir giene. rr than	Ю	11th	Labore	r		Privat	е
Maryland	be filed that Hygie d other if	Be (	17. Father's Name (First, Middle, Last)		18. Mother's Neme (First	st, Middle, Meid	len Sumame)	
/la		To	Unknown		Mary fr	ances	Woodw	ard
an	2 sho and h is me		19a. Informant's Name/Reletionship (Type, Print)	9b. Meiling Address (Stree				
	s 1 end 2 should I Health and Mer tam 27 is marke other traumatic		Maxine Jordan/Sister	1216 Sue L	ane, Capit	ol Hei	ights,	MD 20743
re	of He ham		0.000.0	of Disposition (Neme of other), crematory or other ple	ace) 1/27/	ate 20c	. Location - City or	r Town, Stete
E	Pege net: If I			ony Memori	al Park 10	os Lai	ndover.	Maryland
Baltimore,	구독특류		21. Signeture of Funeral Service Licensee	22. Name and Addr		, 50   - 4.	,	a. j zana
Ö	Departiment Departiment Departiment Departiment Departm		Kimbrily BUNG-1001	J.B. JEN	KINS FUNER	RAL HO	ME	20785
			23a Part 1 Enter the disease or complications that caused the deeth. C	7474 Lan	dover Rd,	Lando	ver, Ma	ryland Approximete
	Dhusisian		23a. Part1. Enter the disease or complications that caused the deeth. D shock, or heart failure. List only one cause on each line.	o not onto mo mode of dy	119, 0001 40 041040 01 100	phatoty arroot,		Interval Between Onset end Deeth
)	Physician /Medical		Immediate Cause (Final	10016 Pa.			2	11.01
	Examiner		Immediate Cause (Final disease or condition resulting in death)  a. PULMO!  Due to (or as	VARY IN	eumocy 8.	116 /	NEUMON	4/A 1.1.16.
		Je.	Die lo (or as	a consequence or):	2-60			11.91
	tificate be axecuted g physicien and as the bunel-transit	Examiner	b. 1744 (0 1000)	e consequence of):	istase.			1. 1. 16.
ń	flicate be axecuted g physicien and as the bunel-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	e consequence ory.				
68760,	e be	edicai	that initiated events	a consequence of):				-
9	ificat g phy as th		resulting in deeth) Lest	a consequence or.				
Box	ndin	2	d					
	d for	icia	Part II. Other significant conditions contributing to death but not resulting		tion to Dod I	ngh Did tehan	an une contribut	te to the cause of death?
P.0	iras that tha daath cer signed by the attendin d be datached for use	Physician/M	- A A	g in the underlying cause g	ven in Parci.	1 Yes		Probably 4 Unknown
	that ned h	y P	tungal enfection			1 103	42040 3 L	Tobably 4 Diknown
Vital Records,	requiras een sign hould be	Completed by	Thrembo Cytopenia			24a. Was an a		. Ware autopsy findings
8		lete	Shrambo Cytopenia	-		performed	7	evallable prior to completion of cause of death?
Re	The law ata has b pege 2 s	E	0 /			4 🗆 V	XTON.	
Ø		Ö	25. Was case referred to medical		00 Blo ( D ) - (Oth	1 □ Yes	No No	1 ☐ Yes 2 ☐ No
5	Physician: this certific rai director,	00	examiner?	10. taration 2   DOA   O	28. Place of Death (Ch		0 DO#	
o	Phy this	٦. ٢	27. Manner of Deeth 28e. Dete of Injury 28t	Outpatient 3 DOA  5. Time of injury 28c. Inju	4 ☐ Nursing Home	Describe how l		9CITY)
On	Afte Afte	tio	1) Netural 5 ☐ Pending (Month, Dey Yeer) 2 ☐ Accident investigation		ork? ]Yes 2□No			
S	of attending effer death.  Director: After in by the fune	fica	3 Suicide 6 Could not be 28e Place of Injury - At home			Location (Street	and Number or F	Rural Route Number,
Division	or lor lor lor lor lor lor lor lor lor l	Certification:	4 Homicide determined building, etc. (Specify)	,, .,,,		City or Town, S		
	To the Hospital or Attending within 24 hours efter death.  To the Funeral Director: After completely filled in by the fune		29a. Certifier 12 Certifying Physician: To the best of my knowled	ige, deeth occurred at the t	ime, date and place, and d	tue to the cause	e(s) and manner s	as stated.
	P Fur	edicai	(Check only one)  Medical Examiner: On the basis of examination end manner stated.	end/or investigetion, in my	opinion, death occurred at	the time, date	and place, and du	e to the cause(s)
	omp	Me	29b. Signature and title of certifier	29c. Licen	se number	29d.	Date signed (Mon	nth, Day, Year)
K	- >		Alex O	119	609	1.	21.96	
	16.1		30. Name and address of person who completed ceuse of death (Item 23)				01 16	
	0			2 Parses S	t, Mt Ro	21005	MD	20712
	Sta	te	Raman R. IUII, MD., 350.  31. Dete filed (Month, Dey, Year)  32/Flegistrar's Signature		م ا ا د ا ارد	ainel)	100	
	Registr	- 1	31. Dete filed (Month, Dey, Year)  JAN 23 1996  32/Registrar's Signature	Confest				

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- RECORDS, P.O. BOX 6876	N: The law requires that the death certificat
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OF VI	PHYSICIAN
DIVISION OF VITAL I	PITAL OR ATTENDING PHYSICIAN:
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1996 11:58 WANDA BROWN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 01/05/60 1 M 2 N 36 216-78-7513 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR BALTIMORE CITY MARYLAND CENTRAL HOSPITAL BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMOPE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 710 PENNSYLVANIA AVE APT 1 21201 use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian Black, White, etc. 1 Never Merried 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for Cook GOVERNMENT at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) LESLIE BROWN ALMA 6 notified 19a. INFORMANT'S NAME (Type/Print) 9 ALMA BROWN YOB STONE pe 20e, METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of medical examiner must BLOOMFIEW BAP CHURCH JOHNSON FUNERAL HOME filled in by the 1 complications that caused the death. Do not enter the mode of dying, Approximata intarval Between 23. PARTA List only one cause on each line. IMMEDIATE CAUSE (Final disease of condition Onaat and Death cremation, injury, or other traumatic event, the ACQUITED IMMUNODEFICIENCY SYNDROME has been signed by the attending physician and completely Dept. of Health and Mental Hygiene prior to burial, cremativ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION MYCOBACTERIUM AVIUM - INTRACELLULARE INFECTION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avanta DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL 23 shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO YES | NO | UNCERTAIN | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only on item EXAMINER? State certificate HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 50 with the 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, this ( 1 Natural TO THE HOSPITAL OR ALLEROOMS
TO THE FUNERAL DIRECTOR. After this be filed within 72 hours after death wit IMPORTANT: If Item 28 is mark: 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 4 Nomicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER
8923 29d. DATE SIGNED (Mo BE Savith renkal H-D عو 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) NUKAL. MD. MARYLAND GENERAL HOSPITAL 32 AGGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Barrett Month Carl anuany 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security 6. Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) Months 1 1 2 F -40 260 -40-Usual Residence of Decedent -30-32 10e. Stete 10b. County 10c. City, Town or Location 10d. insida City Limits D.C 1 Tes 2 No WAShington 10e. Street end Number 10g. Citizan of What Country? 22ND St. 363 12. Wes Decadent Ever in U.S. Armed Forces? 1 ∰Yes 2 No if Yas, Give Year or Detes: 1 - 20 - 5 Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Reca - American Indian, Bleck, White, etc. 1 Never Married 2 Merried 1 Yes 2 Ho Specify: BLACK 3 Widowed 4 Divorced 6-10 Decedent's Usuel Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) D.C. DEPT. OF MAINTENANCE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame, CARL 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Intormant's Neme/Reletionship (Type, Print) BARRETT S.E 3210 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriei 2 ☐ Cremetion 3 ☐ Removel trom State 4 Donetion 5 Other (Spec QUANTICO NATIONAL Fuperai Service WASh . D.C. 26020 G. MASON 1661 GOOD HOPE RD. S.E camplications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory arrest, only one cause on each line. Approximete Interval Between immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Dtd tobacco use contributs to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of cause of death? 24e. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Pleca of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of 5 Pending 1 ☐ Yes 2 ☐ No investigetion 6 Could not be detarmined 28e. Plece of tnjury - At home, ferm, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State)

Examiner siclan and burial-transit attending physician for use as the burial Records, P.O. Box 68760, Division of Vital Hospital or Attending Physicien: 24 hours after death. Funeral Director: After this certifica the funeral filled in by

Examiner Physician/Medical P Completed Be 2

**Physician** 

/Medical

Examiner

Director

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**Funeral** 

Director

item 27 is marked other than "naturel", or items 23s or 28s-f show other traumstic event, the Medical Examination must be notified at

Injury or

Physician /Medical

permit. Pages 1 and 2 should be filed within 72 hours effer in Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "naturel", or ite.

Baltimore, Maryland 21215-0020

death with the Maryland

Certification:

To the Hospital within 24 hours a To the Funeral D Medical completely Registrar

25. Wes case-referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 1 Neturai 2 ☐ Accident 3 Sulcide 4 Homicide

29e. Cartifiar

1 Certifying Physician: To the best of my knowledge, daeth occurred et the time, dete and piece, end due to the ceuse(e) and menner es steted.

2 Madicat Exeminer: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et tha tima, data end piece, and due to the ceuse(s) and menner steted.

29d. Date signed (Month, Dey, Year)

29b. Signeture and title of cartifier

29c. License number

31. Dete filad (Month, Dey, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an	HOURS After Death With	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum:

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	Alma France	s Birckne	er			O 1	24 DAY	1996	11:20 A M
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)		IPLACE (State or Foreign
		1 □ M 2 K F 97	YRS.		HOURS MIN.	May	10,189		hington. DC
œ	9a. FACILITY NAME (If not institution, give stre		9b	CITY, TOWN C	R LOCATION OF D	EATH	1	c. COUNTY OF E	HTAB
DIRECTOR	Villa Rosa Nursi	ng Home		Mitche	llville			Prince	George's
REC	10s. STATE 18b. COUNTY		10c. CITY, TO	OWN OR LOCAT	IQN				10d. INSIDE CITY
	Maryland Princ	e George's	Fo	rt Was	hington				LIMITS?
3AL	10s. STREET AND NUMBER				ZIP CODE		1	log. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1608 Tucker Road				2074			USA	
	11. MARITAL STATUS 1 Never Married 2 Married	<ol> <li>WAS DECEDENT EVER IN FORCEST 1 YES</li> <li>IF YES, GIVE WAR OR DATE</li> </ol>	2 X X40	13. WAS DEC	ENDENT OF HISPAI colfy Cuban, Maxica	NIC ORIGIN	? (Specify Yes or lican, etc.)	No- 14. RACI Blac	E American Indian, k, White, etc.
B	3 📉 Widowell 4 🗌 Divorced	res	1 TES 2 NO Specify		fy:		Spec	white	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	16a. DECEDENT'S USU	AL OCCUPATION	N .	16b.	KINO OF BUSIN	ESS/INDUSTRY	wilte
9	Elementary/Secondary (0-12)	Coffege (1-4 nr 5 +)	(Give kind of work life. Do NOT use re	done duning mo lired.)	st of working				
MP	8th		Housewi	fe				Home	
	17. PATHER'S NAME (First, Mickel, Last)	A 11			18. MOTHER'S NA	AME (First, M	liddie, Maiden Sur	mame)	
BE	Joseph .	Adler	TOD MAIL INC. ADV	DESC /0	nd Number or Rural	Ans	selma S	tein	
9	Carl J. Birckner								
	20p, METHOD OF DISPOSITION	20b.1	PLACE AND DATE OF D	ISPOSITION /No	l. Alex	andri	20c LOCAT	CINIA Z	230 /
	1 X Burial 2 Cremation 3 Remov	al from State Ceme St	teny cremetony or other	nlecol.		1			Maryland
	21. SIGNATURE OF BUNERAL SHITVER LICE		A	22. NAME AN	D ADDRESS OF FA	MCILITY			Paryrand
	· WORT CHIP			6160	ge P. Ka	llas f	uneral	Home	Md. 20745
	23 PART I. Enter the diseases, or co	mplications that coused	the deeth. Do not	enter the mo	de of dying, auc	ch aa card	lac or reapirat	ory arrest.	Approximate
	ahock, or heart fellure. Li	st only one cause on ear	ch ilne.						Interval Between Onset and Death
	disease or condition resulting in death)	Deh	ycha	tion	1				1/22/91
		DUE TO (OR AS A T	ONSEQUENCE OF):						11-116
S O	Sequentially list conditions, b.	2678	21.8						1/22/01
RTIFICATION	cause. Enter UNDERLYING	f any, leading to immediate							, 16
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	3 110		001	113	(43)	9/9/
	resulting in death) LAST								// //
8	PART II. Other aignificant conditions	contribution to death bu	t not resulting in th	a underlying	nausa eluis la	Dort I		I	
<u>ड</u>	old con	ebral	Tool		+ given in	Part I.	24e. WAS AN AUT PERFORME		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC	1 1 1 0 1	Hom 7	1	4	^ -	-	1 U YES 27	No	OF DEATH?
Σ	DID TOBACCO USE CONTRI		DEATH YES	NO M	UNCERTAIL		•		1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL	20	ONCERIAII	МП					
S)		HOSPITAL:	lent 3 DOA 4	HER: Nursing Home	5 Residence	6 Other	(Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Mc. INJI	JRY AT		CRIBE HOW INJU	JRY OCCURED	
ВУ	Natural 5 Pending Investigation			M 1 🗆 Y	ES 2 NQ				
LED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	- At home, term, street	, factory, office		28t. LOCA City or	TION (Street and r Town, State)	Number or Rural F	loute Number,
ų	an constitue								
29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  One)									
							) and manner as stated.		
	290 BIGNATURE AND TITLE OF CENTRIER	h Cl.	1500		29cLICENSE NUM	MBER	25	d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OFAL	H (ITEM 27) (Type, Prin	1	1)2	010	8	1/2	4/76
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	JAN 26 1996	32 REGISTRAR'S SIGNAT	Corlett						

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96 02986 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BENNE11 DAY RACE 11.05 JANUARY 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 217-72-8042 84 YRS. 1 M 2 XF 3/17/1911 Wash 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Charles County Nursing Home DIRECTOR LaPlata Charles RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD Charles LaPlata 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10200 LaPlata Rd. 20646 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 20
IF YES, GIVE WAR OR DATES 2X NO 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Edgar Allen Bennett Grace Darling Parker Bennett BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean B. Gardiner 10466 Steven Lane LaPlata, MD 20646 e 20a. METHOD OF DISPOSITION
1. □ Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Surial 2 | Cremation | 4 Donation | 5 | Other (Specify) | Dentsville Meth. Cem. 1/30/96 Dentsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner AREHART-ECHOLS FUNERAL HOME, INC. ders M00945 P.O. Box 567 LaPlata, MD 20646 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Finel diseese or condition in the DUE TO (DR AS A CONSEQUENCE OF) resulting in death) event, traumatic MEDICAL CERTIFICATION 41 Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE DF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Ille AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 PHO 23 shows 1 YES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN BY PHYSICIAN: 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA **EXAMINER?** OTHER:
4 [] Mursing Home 5 | Residence 8 | Other (Specify) 1 TYES 2 NO 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, DIRECTOR: After this hours after death with Item 28 is market 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE DF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida COMPLETED 8 Could not be 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29s. CERTIFIER
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(Ch 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

0 Jule 14 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Henry Burke MD

29b. SIGNATURE AND TITLE OF CERTIFIER

P.O. Box 2539 LaPlata, MD 20646

29c. LICENSE NUMBER

201009

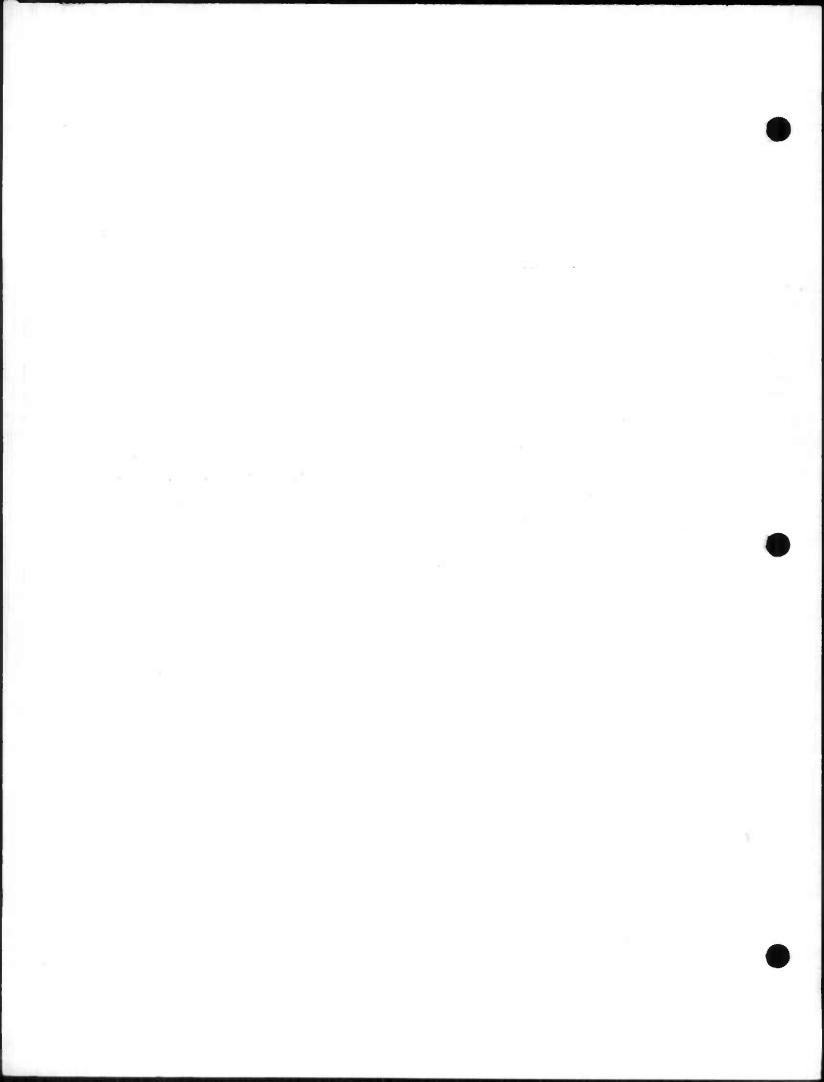
31. DATE FILED (Month, Dex. Year)

JAN 2 9 1996 32 MEGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

1-26-96



1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_						HEG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
	arth,	um El	bona	Bal	ZUIT		3	YEAR 11=40 M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEA	-	7. DATE OF BIRTH	Sec.	8. BIRTHPLACE (State or Foreign
	242-46-9037	1 🕅 M 2 🗆 F	89 YRS.	MONTHS DAY		(Month, Day, Year)	- 1	Country)
	9s. FACILITY NAME (If not institution, give s	trad and aumbed	09			June 30,		
α.					N OR LOCATION OF E			ITY OF DEATH
DIRECTOR	10502 Hutting Pla	.ce		Silv	er Spring	3	Mo	ontgomery
ျပ္မ	10a. STATE 10b. COUNT	γ	100 017	Y, TOWN OR LO	CATION			
<u>E</u>	V1 1 V							10d. INSIDE CITY LIMITS?
	Maryland Mon	tgomery	[ 51	lver Sp				1 TYES 2 NO
M.					10f. ZIP CODE			ZEN OF WHAT COUNTRY?
9	10502 Hutting Pla	ce			20902			U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1 1	ER IN U.S. ARMED	13. WAS (	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, etc.
84	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, OIVE WAR			ES 2 NO Speci			Specific
	3 Wildings 4 M Disorces	<u> </u>						White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done during	ATION	16b. KIND OF BU	SINESS/IND	USTRY
l m	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	most or working	Federal	Corre	rnment
<u>ا</u> ق		5+	Attor	ney		rederar	. GOVE	Himent
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meiden	Surname)	
E B	Fricis	Baltins			Karolin			
00	19e. INFORMANT'S NAME (Type/Print)		195 MAIL INC	ADDRESS /Stra	et and Number or Breat	Route Number, City or Tow	o Ototo Zin	Code
2	The state of the s	ltins						,
8	20a. METHOD OF DISPOSITION	TCINS						kane WA 99210
5	1 № Buriel 2 □ Cremetion 3 □ Rem	oval from State	20b. PLACE AND DATE cometery, crematory or of		1			City or Town, State
E	4 Donation 6 Other (Specify)		Rock Cree	k Cemet	ery l	/20/96 Was	hingt	on D.C.
	21. BIGNATURE OF FUNEBAL SERVICE LIC	SHREE /			AND ADDRESS OF F		7 YI	T
	> ///a, / (	1110	01	500	Universit	ollins Fune	ral H	Spr. MD 20901
	23. PART I. Enter the diseases, or o	1/cece	4			-		-
ERTIFICATION TO BE COM	ahock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	·			the !	Host		Interval Between Onset and Death
-								70 MINS
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	F):	526		-	10 10.12.5
	CAUSE (Disease or Injury	c	AS A CONSEQUENCE O	E).				
E	that initiated eventa resulting in death) LAST	4,50 10 (4,1)	IS A SONGEODENCE O	. ,.				
		d						
	PART II. Other algnificant condition	a contributing to dea	th but not reaulting	In the underly	ing cause givan in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL CI						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
			<u> </u>			1 TYES 2	□ NO	OF DEATH?
2								1 TES 2 NO
AN.	DID TOBACCO USE CONT	RIBUTE TO CAUSI	OF DEATH Y	S NO	☐ UNCERTA!	NX		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA		ne)			
YSI	1 YES 2 □ NO	HOSPITAL: 1   Inpetient 2   ER/	Outpatient 3 DOA	OTHER:	ome 5 Besidence	8 Other (Specify)		
	27. MANNER-OF DEATH	28s. DATE OF INJU		E OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCI	URED
	1 Natural 5 Pending	(Month, Day, Ye	IN.		WORK?			
	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJ	URY — At home, term,			28t. LOCATION (Street a	and Number o	or Rumi Pouta Number
ED E	4 Homicide determined	building, etc. (	Specify)	,,,		City or Town, Stete)	and realizable (	A noral route Namoei,
PLET	29a. CERTIFIER							
필립	(Check only	CIAN: To the best of my k	nowledge, death occurr	ed at the time, d	eta and place, and due	to the cause(a) and man	iner as state	d.
O BE COMPLE	one) 2 MEDICAL EXAMINE	R: On the basis of axamin	ation and/or investigation	on, in my opinior	, death occured at the	time, data and place, en	d due to the	cause(a) and manner as sisted.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER							
8 3	720	0	~		29c. LICENSE NU	MDEH	29d. DATE	SIGNED (Month, Day, Year)
<u>₽</u>	TO MANY AND ADDRESS OF THE	سلاس	17.		1 208	0766	-	proved 14
[	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1	ans in		3 md
	COAN 1	auber	- 0	2 3	1012 C	ans in	Xc	re Betterd
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					
	JAN 23 1991	b I talia d'aux	dear Randall					

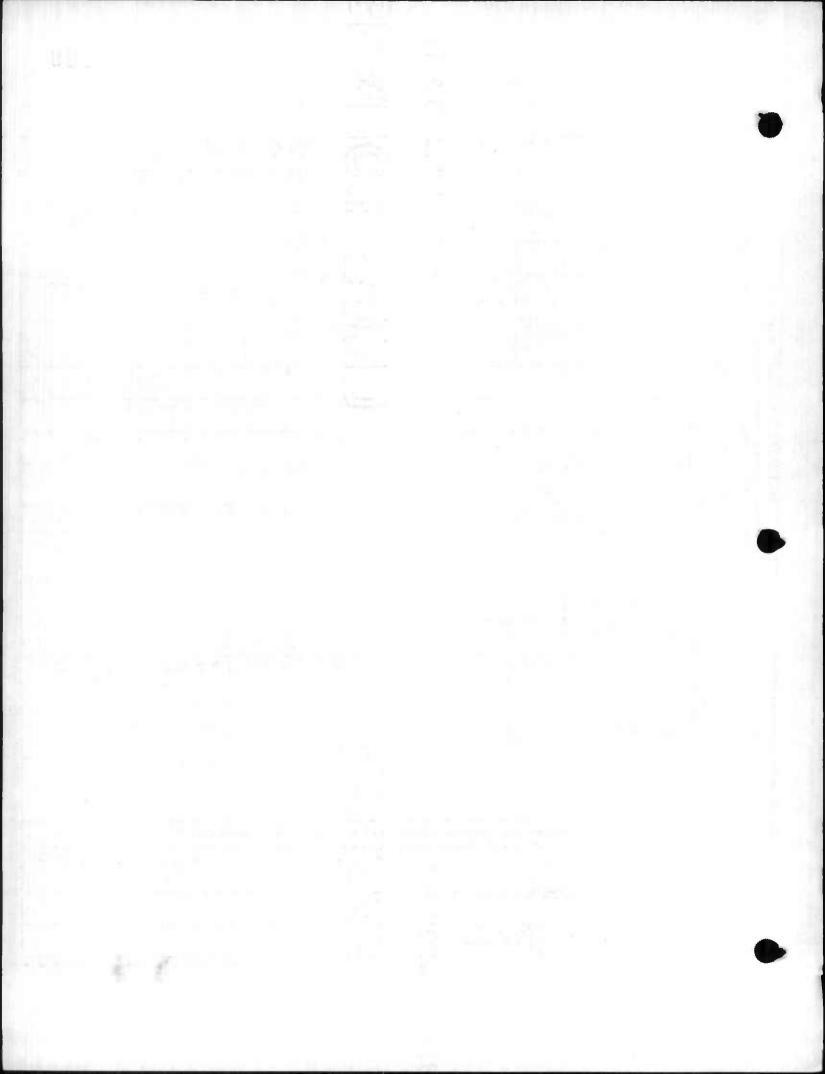
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an about state death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

REGISTRAR		CE	RIIF	ICATE	OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		sen Bl	oomf.	ield			2. DATE OF MONTH	ory 21,	1996	3. TIME OF DEATH  1:50 AM
4. SOCIAL SECURITY NUMBER 119-36-1749	1 🗆 M 2 🎾 F	AGE (In yrs. lest	YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH 87. Year) 6, 1906	Count	PLACE (State or Foreign y) W YOTK
90. FACILITY NAME (If not institution, give a  Manor Care Betina  RESIDENCE OF DECEDENT		12				n Location of D	EATH		ounty of a	
10e. STATE 10b. COUNTY	gomery			v, town or		5				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 8902 Maine Avenus		H 100			101	20910				States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES 2 N	MED	16	yes, sp	ENDENT OF HISPAI polity Cuban, Mexico 2 NO Specif	an, Puerto Rica		Spec	American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade		(Gr	ve kind of v	USUAL OCC	CUPATIO	N st of working	16b. Kill	D OF BUSINESS/		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille.	creta	se retired.)			11	S. Gove	rnmen	+
17. FATHER'S NAME (First, Middle, Lest)			02000	Crac y		16. MOTHER'S NA		le, Maiden Sumame		<u> </u>
Louis Klaben						Ida	Tunick		200	
190. INFORMANT'S NAME (Typo/Print)  Arthur Gliner						nd Number or Rural	Floute Number,	City or Town, State,	Zip Code)	
		20b. PLACEA		as l		ma of	DATE	20c. LOCATION	Olb T-	0.4
204. METHOD OF DISPOSITION  1 X Burlei 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crer	matory or o	ther place)		etery	1-23			
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /	7	200	22. N Rap	AME AN	uneral S	Service	es, P. /	١.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		MONAR R AS A CONSEC			130	LISM				Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	SUR R AS A CONSEC R AS A CONSEC	DUENCE O	F): /						10 da
PART II. Other aignificent condition ASPIRATIO ANEMIA VOCAL	N KIEL	MALY	A	in the und	lerlying	j cause given in		n. WAS AN AUTOPS PERFORMED?	SY 24b	. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		1-101-1	-13		26. PL	ACE OF DEATH (CA	neck only one)			
EXAMINER?	HOSPITAL: 1   Inpetient 2   E	R/Outpatient 3	□ DOA	OTHER:		5 🗆 Residence	6 Other (S)	pecify)		
27. MANNER OF DEATH  1)(X) Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,		28b. TIM INJ	E OF 2		URY AT RK? 'ES 2 NO	28d. DESCRI	BE HOW INJURY	OCCURED	E ABLE
3 Suicide 6 Could not be determined	28e. PLACE OF I	NJURY — At hor c. (Specify)	me, farm, :	street, factor	ry, offic			ON (Street and Num own, State)	ber or Rural i	Route Number,
anni /	CIAN: To the best of m									s) and manner se stated
296. SIGNATURE AND TITLE OF CERTIFIE	R			1717		29c. LICENSE NU		29d. E	ATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	4 27) (Type	, Print)		DZ86:	56	•	Janua	ary 22,199
Ravi Passi, M. D	., 8609	2nd Ave	enue	, #40	48,	Silver	Spring	, MD 20	910	
JAN 23 1996	32. REGISTRAM	s signature	U <sub>q</sub>	Com						



State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** V. Bright Laura 21,1996 11:15 Pm Jan /Medical 4e. Facility Neme (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2218 Millers Mill Rd, Cooksville Howard If Under 1 Yaer | If Undar 24 Hrs. | Months Deys Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthplece (State or Country) Oct 13,1913 Maryland 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** Months 1 M 2005 82 214-26-1201 Yrs **Director** Usuel Residence of Decedent with the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Modical Examiner must be notified at 1 √Yas 2 No Director Cooksville Md Howard 10e. Street end Number 10f. Zlp Code 10g. Citizan of Whet Country? 2218 Miller, s MillRd, 21723 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indlen, Black, White, etc. 11. Meritei Status 1 Never Merried 2 Merried Specify: Black 1 ☐ Yes 2√2 No þ 3 Widowed 4 □ Divorcad Completed 18a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamentary/Secondery (0-12) College (1-4or 5+) None Seamstress (Ret) 7th Grade 17. Fether's Neme (First, Middle, Last) 18. Mothar's Neme (First, Middle, Meldan Surnama) Be Thomas Allen 2 Ruth Clark 19e. Informent's Neme/Reletionship *(Type, Print)* Mrs Patsy Miles 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 1 0 4 2 4325 Harrington Dr, Ellicott City, Md 20b. Pleca of Disposition (Neme of cametary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta Deta Burial 2 Cremetion 3 Removel from State Bushy Park Cemetery1/25 4 ☐ Donetion 5 ☐ Other (Specify) Cooksville, Md ure of Funerel Service Ligensee 22. Neme end Address of Fecility
Snowden Funeral Home P.A. 20850 Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heert feilure. List only one ceuse on each line. 246 N. Washington St, Rockville, Approximata Intarvsi Betwaen Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting In deeth) BREAST CANCER 2 YEARS **Examiner** Due to (or es a consequence of) Examiner The law requires that the death certificate be executed the buriel-tran Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury and Due to (or es a consequença of) Box 68760. attending physicien Physician/Medical thet initieted events resulting in deeth) Last Due to (or as e consequenca of) 89 950 signed by the a Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Dld tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24e. Wes an autopsy performed? 24b. Were eutopsy findings availebla prior to completion of cause of deeth? Completed peeu has 1 Yes 21000 1 ☐ Yes 2 No certificate I or Attending Physician: after death. Director: After this certific Be 25. Wes casa referred to medical axaminer? 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent Other: 4 Nursing Homa 1 Yes ➤No Certification: To 3 DOA 5 desidence 6 □Other (Specify) unerai 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Tima of 28d. Describe how injury occurred 5 Pending investigetion Netural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours a 29a. Certifier (Check only one) Medical 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. completely 2 Medical Examinar: On the besis of exemination end/or investigetion, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end menner stated. To the To the To the 29b. Signature and 29c. License number 29d. Data signed (Month, Dey, Year) D35635 MD 30. Name and address of persop who completed cause of death (Item 23e) (Type, Print)

Size & Karan 1811 Prize Philip OLNEY. Da. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

Jali Davidson Randall

DHMH 16 Rev 6/95

State

Registrar

## Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

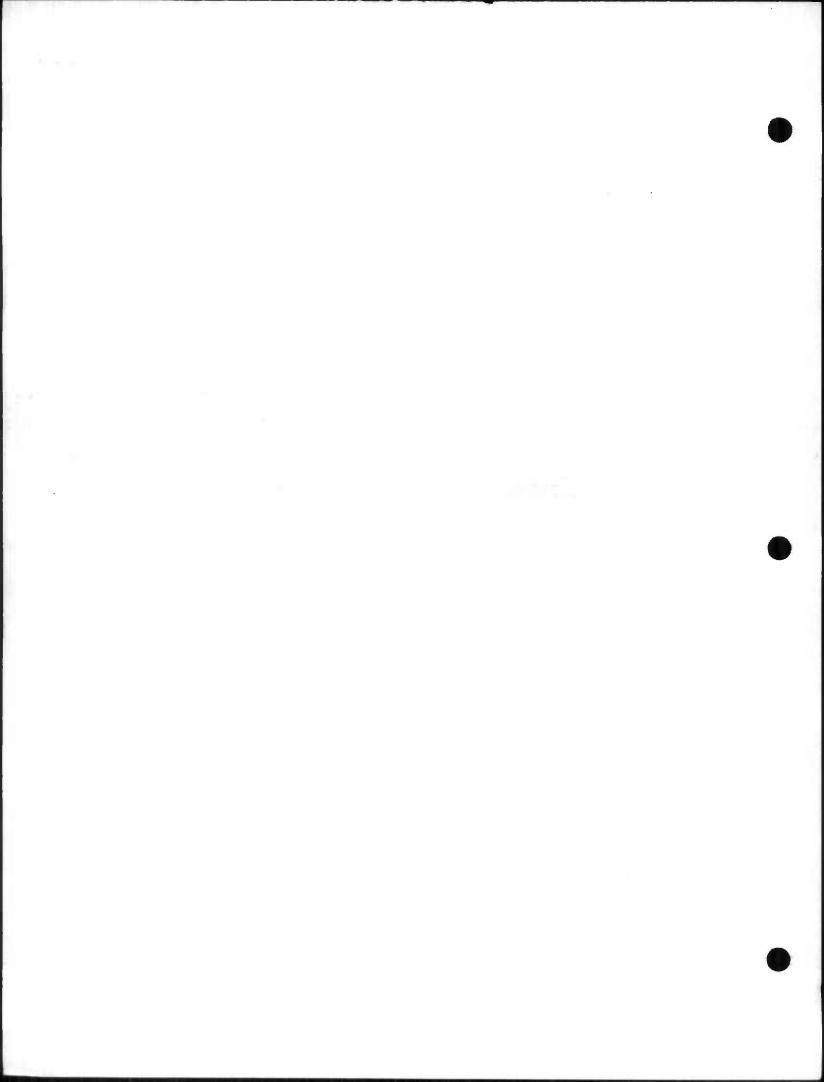
		L Desires and a second			Cer	tificate of	Death		Reg. No.		
Physic	ian	Decedent's Name (First, Middle	•					2. Dete of De Month	Day	Year 3. Time of	
/Medi	cal	Josephi		nette	Воз			Januar	1		5 1
Examii	ner	4a. Fecility Neme (If not Institution			. ".			Location of Deat	h 4c. County	of Deeth	
-		3509 South Leis 5. Social Security Number		Boulev Age (In yrs. I		A If Under 1 Yeer		Spring		tgomery	-
uneral irector		578-05-9080	1□M 2□F	83	Yrs.	Months Days	Houra Mir	. (Month, De		9. Birthplece (State of Country)	
rector		Usuai Residence of Decedent						may_o	, 1912	Washington	ע ו
MON THE		10a. Stete 10b. County		10c. City	, Town or Loc	cation				10d. Inside C	ity Lin
100	ģ	Maryland Mont	gomery	S	ilver S	Spring				1 ☐ Yes	210
28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of W	Vhai Country?	
23		3509 South Leis	ure World	Blvd.	#2A		20906		Ţ	U.S.A.	
"naturel", or items 23a or 28a-f show ad cel Examiner mant be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 □ Merri 3 ☒ Widowed 4 □ Divorced	12. Was Deced Armed Ford  1  Yes If Yes, Give Year or De	ces? 2[XNo		Ves Decedent of H Yes, specify Cub	dispanic Origin? ( an, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	14. Race Black Specify:	e - American Indian, k, White, etc.	
a de la composição de l		15. Decedent	's Education		16a. Deced	ent's Usuel Occur	pation	17.77.	16b. Kind of Bu		
	Completed	(Specify only highes Elementary/Secondery (0-12)	t grade completed) Coilege (1-	40r 5 r)	(Give I life. D	kind of work done OO NOT use retire	during most of ward)	orking			
The Man	E O	12	College (1-	401 5+)		Homemake	r		Own	Home	
arked other than atic event, the M	BeC	17. Fether's Name (First, Middle,	Last)				18. Mother's Na	ame (First, Middle	, Melden Surnem	e)	
marked metic e	To	Joseph Hersch H	anlein				Lula H	Beechner			
tem 27 is marke other traumatic		19a. informent's Name/Relationsh	nip (Type, Print)		19b. Meilin	g Address (Street	end Number or F	Rural Route Numb	er, City or Town,	State, Zip Code)	
em 27 i		Alvin R. Hanlei	n, II		5901	Sargent	Road, Hy	attsvill	Le, Mary	land 20782	
ant: If Item 27 ury or other 1		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion	2 D2	20b. Pi	ace of Dispos	sition (Neme of letory or other ple	ce)	Dete	20c. Location -	City or Town, Stete	
IT O		4 □ Donetion 5 □ Other (S)		1616		NAtiona		1/30/96	Arlingt	on, Virgin	ia
TE.		21. Signature of Funeral Service I	icensee		22.	Name and Addre	ss of Fecility				
any i		Elavas C	0~	2.	F	rancis J	. Collin	s Funera	al Home, il.Spr. 1	Inc.	
		23a. Part1. Enter the diseese, or shock, or heart feilure. List	complications that ca	used the down						Approximet	le
sician edical miner		Immediate Cause (Final disease or condition resulting in deeth)		idsta						Interval Bet Onset and	Deetl
	<u>.</u>	resouring in death)			as a consequ						
)sit	Examiner		b								
al-tra	Xar	Sequentially list conditions, if any, leeding to immediate		Due to (or	es a consequ	uence of):					
physician end the burial-transit	dicai E	cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	c								
phy the	edic	resulting in deeth) Last		Due to (or	as a consequ	ienca of):				i	
nding use e	2	•	d								
d for use es	cia	Dart II. Other elevitions and the		Ab but ask as a	Min I was	asa ta dibina d		005 814			4.6
ed by the atte	Physician/Me	Part II. Other significant condition	ne contributing to dea	ith but not resu	itting in the un	iderlying cause gr	en in Pert I.			otribute to the cause	
o date	by P							. 1/4	Yes 2□ No	3 Probably 4	Unk
has been sign je 2 should be	Completed b							24a. Was	s en eutopsy ormed?	24b. Were autopsy available prior completion of c of deeth?	to
	0							1 🗆	Yes 2 No	1 ☐ Yea 2 ☐	No
is certificate director, pay	Be (	25. Was case referred to medical exeminer?					26. Place of De	eeth (Check only	one)		-
0 0	2	1 Yes 2 No	Hospital: 1 ☐ In	patient 2 🗆 I	ER/Outpetient	3□ DOA Oth	ner: 4 ☐ Nursing	Home 5 Resi	idence 6 Othe	er (Specify)	
Aftar th funeral	ino	27. Manner of Death  1 Neturei 5 □ Pending	28e. Date of (Month	Injury , Dey Year)	28b. Time of Injury	28c. Inju	y at rk?	28d. Describe	how injury occurr	ed	
the fu	Certification:	2 ☐ Accident investig	ation			M 1	Yes 2 □ No				
n by	E	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Place	of Injury - At ho g, etc. (Specify	me, ferm, stre	et, factory, office			Street end Numbi wn, State)	er or Rurel Route Num	ber,
led ii											
To the Funeral Director: After completely filled in by the fune	edicai	29a. Certifier (Check only one) Cartifying 2 Medical E	Physician: To the bearings: On the base	is of examinati	viedge, deeth ion and/or inv	occurred et the til estigation, in my c	me, date end pled pinion, death occ	e, and due to the curred at the time,	cause(s) end ma dete and placa, a	nner es stated. and due to the cause(s	3)
	Me	29b. Signature and title of certifier	end manne	n stated.		29c. Licens	se number		29d. Date signed	i (Month, Dey, Year)	-
o the		-	-	-	> m	0	3909	,		18, 1991	
To the Funeral Director: At completely filled in by the fu	1 -					1 1	10100	(	JAMORTY	100.1111	0
To the		no Number of the Control of the Cont					30.0				-
To the		30. Name end eddress of person v	who completed cause	of death trum	23a) (Type, F	Print) N - Le	isure w	20-19 B			

DHMH 16 Ray 6/95

FOR STATE REGISTRAR

		LOUISE L	BRISCOF			MONTH WALL	21. 199	3. TIME OF DEATH 4. 505 1. N
P		4. SOCIAL SECURITY NUMBER 259-01-0005	5. SEX 6. AGE (In yrs. last		AR IF UNDER 24 HRS. IYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 24,		BIRTHPLACE (State or Foreign Country) Georgia
2, 3 should	стоя	9a. FACILITY NAME (If not institution, give s  Manor Care Nursi  RESIDENCE OF DECEDENT			ver Spring	EATH	9c. COUNTY Mont	of DEATH gomery
physician. burlal-transit permit, Pages 1,	DIREC	10a. STATE 10b. COUNTY	gomery	Silver St				10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
ısıt permit	FUNERAL	100. STREET AND NUMBER 11700 Old Columbi		DIIVEL D	101. ZIP CODE 20904			OF WHAT COUNTRY?
ling physician the burlal-trar	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	NO If ye	DECENDENT OF HISPAI s, specify Cuban, Maxico YES 2 X NO Specif	in, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Black
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burlai-trant, or removal. medical examiner must be notified at once.	PLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	ECEDENT'S USUAL OCCU Give kind of work done during . Do NOT use retired.)		16b. KIND OF B	USINESS/INDUST	'RY
d be detached at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Wylie DuBose		зексерег	- 1	ME (First, Middle, Maide	en Surname)	
ay be retained page 5 should be notified	TO B	Willie L. Clagge	tt 11		lumbia Pik	ke, #314,	Silver	Spring, Maryla
director, pa		20 METHOD OF DISPOSITION 21 ABurial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	Mt. (	ematory or other place) Divet Ceme	•	/26/96 W	ashingt	
ther death. Pag the funeral di oval.	Ш	· Valter fin	tivo	No	buine h	uneral So		un wash.
24 fill ion		23. PART I. Enter the disease, or shock, pr haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Clet Driy one cause Drie each line	eath. Do not enter the	y Arres	th as cardiac or real	piratory arrest,	Approximate Interval Between Onset and Death
executed within n and completely to bunal, crematimatic event,	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	Scular QUENCE OF):	Accide	mf		Trushts
death certificate be attending physiciar ental Hygiene prior Iry, or other trau	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):				Mosts 3
uires that the signed by the Health and M	4	PART II. Other significant condition	contributing to death but not		rlying cause given in	Part I. 24a. WAS A PERFO	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 , 40		DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL		ATH YES NC		NA		
rSICIAN: The law is certificate has but the State Dept. d, or Item 23 s	PHYSICIAN	EXAMINER?  1 YES 2 O NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetiant 2   ER/Outpetiant : 28a. DATE OF INJURY		Home 5 Realdence			
fler this c eath with marked,	ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1	c. INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW		
L DR ATTENDING P DIRECTOR; After the hours after death	ETED.	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, tarm, street, tactory,	orrica	28f. LOCATION (Stree City or Town, Stat		Rural Route Number,
RACE	COMPL	one) MEDICAL EXAMINE	ICIAN: To the best of my knowledge, d					ause(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. BIGNATURE AND TITLE OF CENTURE	My		29c, LICENSE NU	3332_	29d. DATE SI	IGNED (Month, Day, Year)
		MAME AND ADDRESS OF PERSON WHO	G COMPLETED CAUSE OF DEATH (ITE	Scorga	Ave#2	20 Silve	& Spru	9 20002
16		31. DATE FILED MONTE 6 1996	THE THE MEAN THE AND T	Щ.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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96 02992 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH RUSER JANUARY 1996 DANIEL JR. 0635 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 F YRS 61 June 30, 168-26-4819 Pennsylvania 1934 Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Shady Grove Adventist Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Germantown 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20704 Spinning Wheel Place 20874 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerlo Rican, atc.) 1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced 1953 - 1957 White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondary (0-12) College (1-4 or 5+) President for Development Vice Banking 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Daniel S. Buser, Sr. BE Grace Fink 19a INFORMANT'S NAME /Time/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 M. Elaine Buser 20704 Spinning Wheel Pl., Germantown, MD 20874 20a. METHOD OF DISPOSITION
1 ◯XBurlai 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) Jan. 26, Gate of Heaven Cemetery 1996 DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Silver Spring, Maryland Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc. Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00198 an 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximats shock, of hasrt failure. List only one ceuse on each line Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disesse or condition resulting in death) STROKE 5 DAYS DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF). If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MIGRAINE COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 Kinpstient 2 - ER/Outpetient 3 - DOA 4 - Nursing Nome 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO ВҮ 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilma, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c, LICENSE NUMBER

DR.

35941

ROCKVILLE



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29b. SIGNATURE AND TITLE OF CERTIFIER

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PURAN P.

31. DATE FILED (Month, Day, Year)

M.D

MATHUR

JAN 25 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

# 401

32. REGISTRAR'S SIGNATURE

Mudeo Revelett

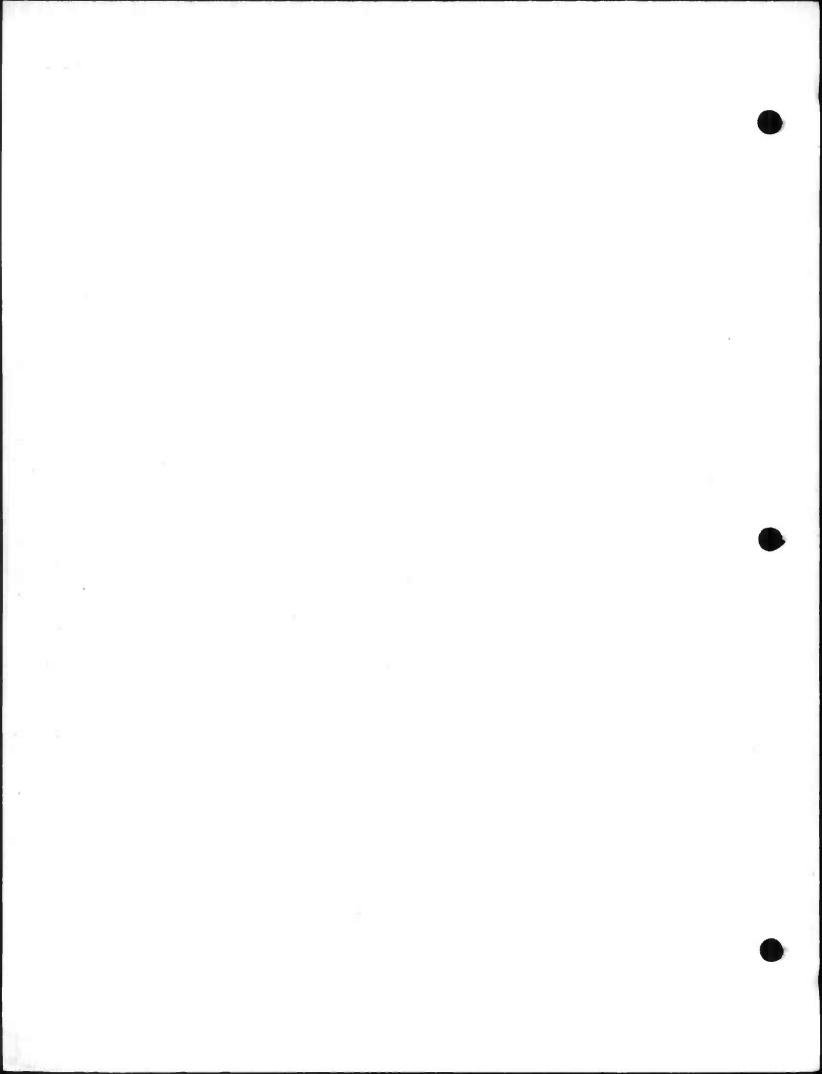
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29d. DATE SIGNED (Month, Day, Year)

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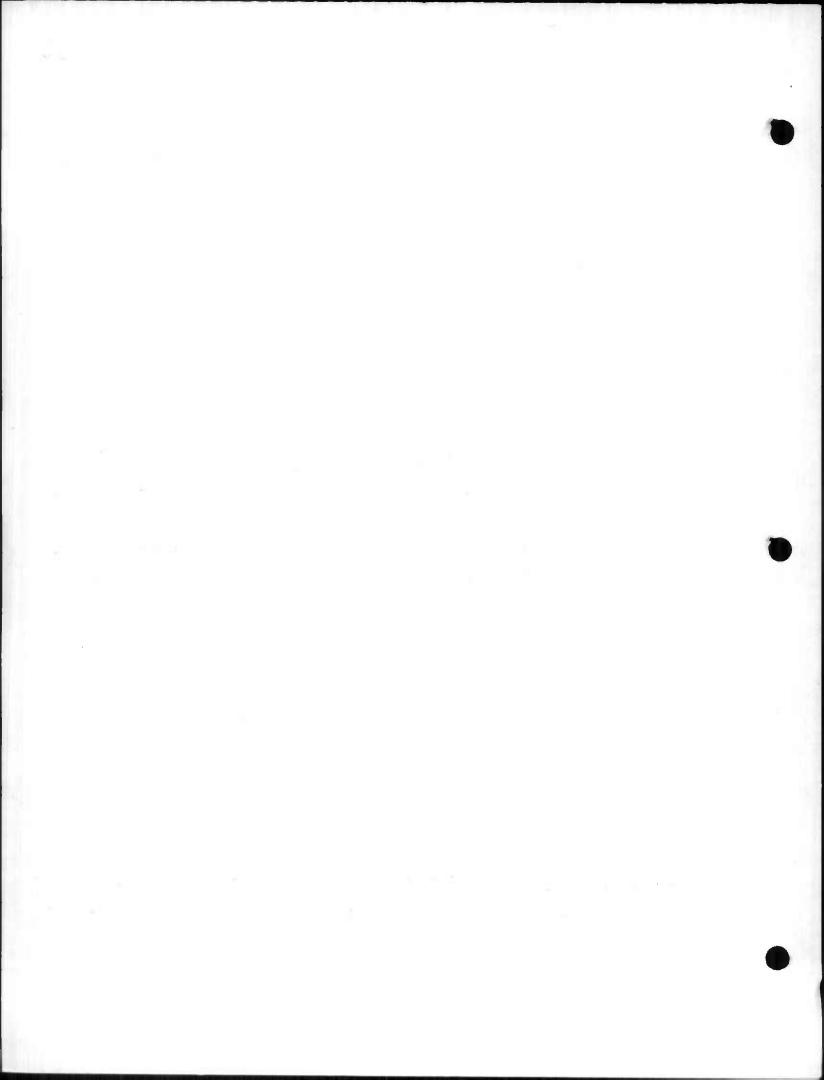
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	Pages		
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR. After this centificate has been signed by the attending physician and completely fifted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh	rithin 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burfal, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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pers.	line.	Ď	4000

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JAN 21 10:30 A 1996 LUCIO BLANDON 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AOE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 613-26-3161 1X M 2 F 61 Dec. 13, Nicaragua 1934 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Holy Cross Hospital DIPECTOR Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Prince Georges Hyattsville FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3207 Toledo Place Perm. Res. - U.S. 20782 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 YES 2 NO BY Specify Specify: Spanish White COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Housekeeper KCMS 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First Middle Maiden Surname Panfilo Amador Celestina Blandon BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20782 MD 2 3207 Toledo Place, Apt. Tl, Hyattsville, Deysi Castro 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Lincoln Crematory 1/24/96 Brentwood, MD 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final NEUMONIA WITH RESPRAIDRY disease or condition reaulting in death) CANCE CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMER AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? SPITAL Inpetient 2 ER/Outpetient 3 E 4 Nursing Home 5 Residence 8 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 #300 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MEDICAL CENTER

FENDRICKS

S. REGISTRAR'S SIGNATURE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

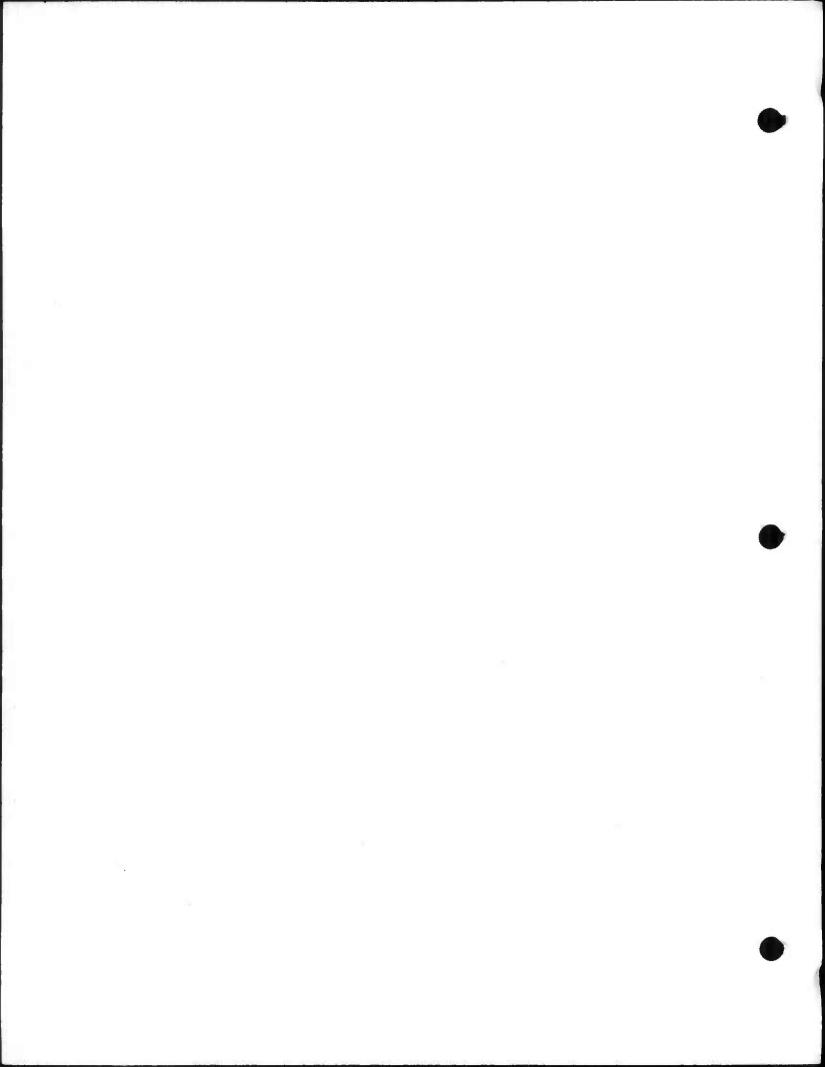
State of Maryland / Department of Health and Mental Hygiene 96

					ary raina ,	Certificate of			g. No.	0 6 6	J J - T
	Physici /Medi	cal	1. Decedent's Name (First, Middle, La			BLoc	K	2. Date of Death	Dey 23	Year 46	ime of Deeth
	Examir	ner	4a. Fácility Name (If not institution, git SUBURBAN HOSPITA)	Action to the second se	)			, or Location of Deeth	4c. County		
	Funeral Director		5. Social Security Number 6. 8 169–20–0055	Sex 7. A	ge (In yrs. last b	virthdey) if Under 1 Year Months Days				9. Birthplace ( PENNSYL	Stete or Foreign
	P A		Usual Rasidence of Decedent  10a. State 10b. County		10c. City, To	wn or Location				10d. Inc	nida City Limits
	the Maryland 28a-f show notified at	tor	MD MONTGOI	MERY	ROCK	VILLE					Yes 2 No
	th the or 284 e noti	Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of V	What Country?	
	23a Marth		11400 STRAND DRIV	/E, #301		20852	2		UNITED	STATES	
020	7.75 hours after death with the Marylan "natures", or items 23e or 25e-f show sideal Examines must be notified at	by Funeral	11. Marital Status  1 □ Never Married 2 Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1  Yes 2  If Yes, Give Year or Dates:	?	13. Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ▼ No	lispanic Origin an, Mexican, F Specify:	? (Specify Yes or No- Puerto Rican, etc.)		e - American Ind ck, White, etc.	
Maryland 21215-0020	swithin 72 ho pene. r than *nature the Medical	Completed	15. Decedent's Elementary/Secondary (0-12)	2de completed) College (1-4or		a. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired	during most of	f working		usiness/Industry	
d 2	Hygis other to ent, th		17. Fether's Neme (First, Middle, Last	5+		ATTORNEY	18 Mother's	Name (First, Middle, N		L GOVER	NMENT
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any	2 shou and M is mar sumat	-	19a. informant's Neme/Relationship	Type, Print)	19	b. Mailing Addrass (Street	and Number	or Rural Route Number,	City or Town,	State, Zip Code	)
	s 1 and 3 f Health. Itsm 27 i		STEPHEN A. BLOCK	SON		66 GALLOPING		ROAD, FRANI	CLIN LA	KES NJ	07417
Baltimore,	8 = 5		20a. Method of Disperiition  1 Burial Cremation 3 Capation   4 Donation   Other (Special	Removel from Cate (y)		of Disposition (Name of ery, cremetory or other pleas COMFORT CREMA		1/25/96 A		City or Town, Si	
Bal	permit. Par Departmen Important: any Injury o		21. Signature of Funaçai Service Lice	to 41.	i	1170 POCKY	GOLDBE	RG MEMORIAI	TITE M	_	
	Physician /Medical Examiner		23a. Part Center the disease or com- shoot, or heart failure. List only Immediata Causa (Final disease or condition resulting in death)	a.	euu	MIG a consequence of):	ng, such as ca	rdiac or respiratory erre	st,	inter	oximate rai Between st and Death
Box 68760,	eath certificate be executed attending physician and for use as the burial-trensit	Physician/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	b c d &	Due to (or es e	o consequence of):    Suconsequence of):   Consequence of):	OK e				
B	death	sicia	Part II. Other significant conditions of	ontributing to death b	out not resulting	in the underlying cause giv	en in Part i.	23b. Did tol	bacco usa cor	ntributs to the c	ause of death?
s, P.O.	w requires that the death cer been signed by the attendin should be deteched for use	by Phy	- Colon &	auce				1 🗆 Ye	8 2□No	3 Probably	4 Unknown
Secord	8 8	Completed	- Colon & Teeneper	rel a	uler	eks		24a. Was ar perform		24b. Wara au available completi of death?	prior to on of cause
a			00.111					1□ Ye	s 2DNo	1 🗆 Yes	2 No
5	siciar certificacto	To Be	25. Wes case referred to medical examiner?  1 Yes 2 No	Hospitel:	ent 2 ER/C	Putpatient 3 DOA Oth	AP.	Death (Check only one		(C/4-)	
Division of Vital Records,	To the Hospital or Attending Physician: Within 24 hours effer deeth. To the Funeral Director: After this certific completely filled in by the funeral director.	Certification: T	27. Mannar of Death 178 Naturei 5 Pending 2 Accident investigatio	28a. Date of Inju (Month, De	iry 28b.	Time of 28c. Injur		ng Home 5 Reside 28d. Describe ho			
DIVI	メモデェ		3 ☐ Suicide 6 ☐ Could not be determined	building, et	c. (Specify)	arm, street, factory, office		28f. Location (Str. City or Town	, Stete)		e Number,
	To the Hospital of within 24 hours of To the Funeral D completely filled in the Funeral D	Aedical	one) 2 Medical Exar	ysician: To the best niner: On the basis o and manner st	i axamination a	e, daath occurred at the tin nd/or investigation, in my o	pinion, daath (	occurred at the time, da	te and place,	and dua to the c	
	To	Σ	29b. Signature and title of cartifier			29c. Licens			-	d (Month, Day, Y	
			Self Elde	Met 11	red)		-23	170 :	JAN &	24,96	6
			30. Name and address of person who GITA BAKSHI			(Type, Print) GETOWN ROAD -	- BETUE	SDA MADVI	AND 209	214	
	Sta Registr		31. Date filed (Month, Dey, Yeăr)  JAN 26 19	32/Begistr	Aris Signature	ardall	- DEINE	OUA, MARILI	HIND ZUO	14	

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		1. DECEDENT'S NAME (First) Elsie Jane		-099								2. DATE (	of DEATH	Ah 1	O XEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		5. SEX	6 AOE //-	n yrs. lest b	hireholm il	IF UNDER	1 VF/1	Mark Control	B4 (****			, , <u>1</u>		10:30 PM
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should		9e. FACILITY NAME (If not in		reet and number)				9b. CITY.	TOWN	OR LOCATE			12, 1		NTY OF D	
% %	8	603 Oneta I	rive					₩e	stn	ninst	er					rroll
←*	5	RESIDENCE OF DEC	10b. COUNTY													
Pages	DIRECTOR						10c. CITY,									10d. INSIDE CITY LIMITS?
permit.		Maryland 100. STREET AND NUMBER	Carro	011			W	estn		or. ZIP CODI						1 TYES 2 NO
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Deby buri	BY F	1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES? 1				10	yes, s	pecify Cube S 2 NO	n, Mexica	n, Puerto Al	can, atc.)		Black Specif	, White, etc.
21215-0020 of or attending physic for use as the burial																White
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MARYLAND retained by the hospit 5 should be detached notified at once.	0 0	19e. INFORMANT'S NAME (7				19b, I	MAILING A	ADDRESS	(Street	end Number	or Rural F	Route Numbe	x, City or Town	n. State, Ziç	Code)	
	-	Richard C.		cess									minst	er,	MD 2:	1157
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20a, METHOD OF DISPOSITION 1 M Burlet 2 Cremation	n 3 🗆 Remo	val from State	20b. I ceme	PLACE AN	D DATE OF	F DISPOSI	TION	lame of Ceme	01/2	4/96E		CATION —		
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ALTIN death. Pag tuneral dis J.								22. 1					Home			c, MD 21157
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24 hours filled in the fillen or re-		23. PART i. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disesse or condition resulting in death)	aart TallOre, L Jei	. Metc	ise on es	ich ilna.	Vari	an (				h se cardi	sc or respi	ratory an	rest,	Approximate Interval Between Onaet and Death 3 4025
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DRD hat the d by the and M	EDICAL C	PART II. Other significa	nt conditions	contributing to	deeth bu	it not rea	ulting in	the unc	derlyin	ng cause g	iven in		24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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OF VITAL PHYSICIAN: The law this certificate has with the State Dep	PHY	27. MANNER OF DEATH		28e. DATE OF	INJURY		28b. TIME	OF		ne 5 € Re	eldence		(Specify)	JURY OC	CURED	
	ВУР		Pending nvestigation	(Month, D	wy. Year)		INJU	RY M		ORK? YES 2	NO NO					
0 0 0 0	9	3 Suicide 8	Could not be	28e. PLACE O building.	F INJURY -	Al home	, ferm, str	eel, facto	ry, offic	ce		281. LOCAT City or	ION (Street a Town, State)	nd Number	or Rural Ro	oute Number,
DIVISI OR ATTEN DIRECTOR: hours after item 28 is		200 CENTURED					_									
7 70 -	COMPLET	(Check only 1 CERT		IAN: To the best of												end menner se stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: II	111	29b. SIGNAT THE AND TITLE		,				iii iiiy op					na prace, en		,	
HE HE	BE	Norm	4	all ton						702	638	BEH				(Month, Day, Year)
	5	30. NAME AND ADDRESS OF	PERSON WHO		SE OF DEAT	TH (ITEM 2	Type, P	rine)	He	19Es	Ke	L. C	tr W			EN 122215
_ [		31. DATE FILED (Month, Day,	23 199	32. REGISTRA							<u>-</u>					
		VANT	-0 133	6 java a	o engl	or Man	dall									
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)	00				2. DATE OF DEATH 3. TIME OF DEATH						
	14011/2	RIO	rrea_			монтн с	YEAR	1475	_			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	LACE (State or Foreign					
	213-12-9797	7797 1 M 2 X 87 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Velar) 1908										
OR	90. FACILITY NAME (If not institution, give	Y OF DEA										
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	SIDENCE OF DECEDENT										
DIRECTOR			5.00	mberlar			Od. INSIDE CITY					
	10e, STREET AND NUMBER	legany	1 00	ZIP CODE		AT COUNTRY?	-					
FUNERAL	456 Columbia A	venue			21502		US		AI COUNTAIT			
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Ye	or No.— 14	L BACE -	- American Indian.	$\dashv$		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 100		cify Cuben, Mexica	in, Puerto Rican, etc.)		Black,	White, etc.			
В	3 Nidowed 4 Divorced				opec.	,		оресну.	white			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U (Give kind of wo	rk done during mo	IN st of working	16b. KIND OF BU	SINESS/INDUS	STRY				
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)		Twe				- 1		
MP	12		House	keeping			irmary					
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Melder herine T.		22				
R	Hallie H. A	Lkire								_		
유						Poute Number, City or Tow byville, I		ode)				
	Dannetta Dyche 20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF									
	1 Donation 5 Other (Specify)	movel from State Cer	netery, crematory or other Abe Ceme	er place)	me or	01/24	Short (					
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Ace Celle		D ADDRESS OF FA			oup,		$\dashv$		
	Dano, 7	A cay		Scar	rpelli F perland,	uneral Hom						
	23. PART . Enter the diseases, or	complications that cause	d the death. Do no	t enter the mo	de of dying, auc	h aa cerdiac or resp		it,	Approximata			
	shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel											
- 1	All Marian Marian									c		
- 4	resulting in death)  a. ADENOCARCINOMA - LUNG  DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions,											
CERTIFICATION	if any, leading to immediate											
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OD AC	A CONSEQUENCE OF									
Ē	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)									
E	d											
A	PART II. Other significant condition	ns contributing to death t	out not resulting in	the underlying	ceuse given in	Part I. 24a, WAS AP			VERE AUTOPSY FINDING	GS		
PHYSICIAN: MEDIC						1 _ YES		C	COMPLETION OF CAUSE OF DEATH?			
ME							, .		TYES 2 NO			
ż	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH '	YES   N	0 124			/~			
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE DF DEATH (Ch	eck only one)						
XS	1 YES 2 NO	1 Inpetient 2 ER/Out	patient 3 🗆 DOA	Nursing Hom		8 🗆 Other (Specify)						
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JRY AT RK?	28d. DESCRIBE HOW	INJURY OCCU	RED				
BY	2 Accident Investigation				ES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	city)	eet, factory, office		28f. LOCATION (Street City or Town, State	and Number or	Rural Rou	ite Number,			
9	29e. CERTIFIER	OLOHAN, T. Ab. A. A. A. A. A. A.				Track Con-				$\dashv$		
COMPLETED		SICIAN: To the best of my know IER: On the basis of examination							end manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI							
BE	N / N	nera (/	MO		D14865		D I'A	I I	Aonth, Day, Year)	/		
일	30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type, F	Print)	DI400		JA	N.	20, 1771	9		
	R. J. BARY	25 RA	JR Mem	orial	Hospita	al; Cumbe	rland	d, f	MD 2150	2		
	JAN 2 4 199	6 32 ANGISTRAN'S STON										
			12.00.000									

River Barre

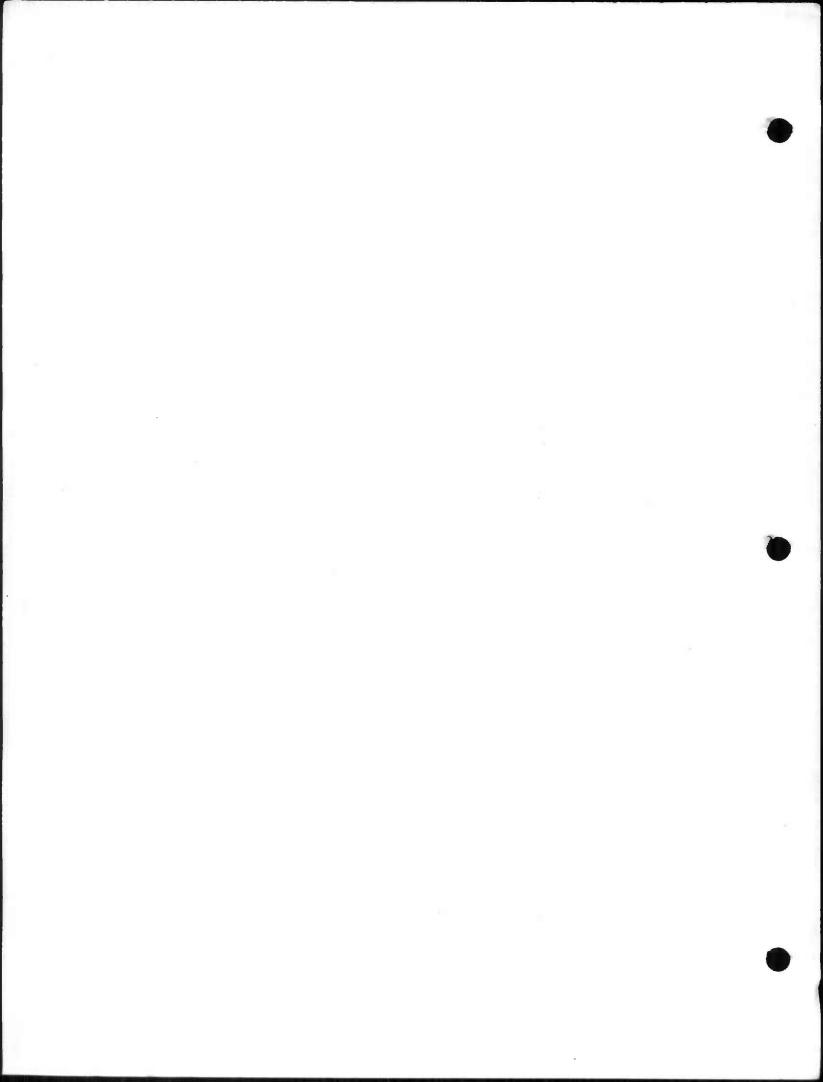
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY					EALTH		MENTAI	HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	w	YEAR	3. TIME OF DEATN		
	George Robert Cole	e, Sr.							Jan.		<u>4</u> 1	996	500 Pm		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Month	OF BIRTN , Day, Year)		Countr	PLACE (State or Foreign		
	213 02 0201	1 X M 2   F	91	YRS.	WONTHS	UNIO	HOOMS	wing,	Oct.	15,1	904	Mary	yland		
_	9e. FACILITY NAME (If not institution, give stre	set end number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	ITY OF D	EATN		
DIRECTOR	3850 Bullfrog Road	i			Tane	eyto	wn				Carr	coll			
<u> </u>	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY		T	10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY		
E	MD Carrol	17									LIMITS?				
	10e. STREET AND NUMBER			10	aney		ZIP CODE	F	_		10g CITI	1 TYES ZENO			
RA	2050 Bullfrog Bood	3				1 60	1787				U.S.A.				
FUNERAL	3850 Bullfrog Road	12. WAS DECEDENT EVE	R IN U.S. ARM	IED	13.			F NISPAN	IIC OBIGIN	7 (Specify Yes			- American Indian.		
	1 Never Married 2 Merried	FORCES? 1 YE	ES 2 NO	)		If yes, sp		n, Mexice	n, Puerto f	lican, etc.)	0. 1.0	Black, White, etc. Specify:			
BY	3 Widowed 4 Divorced		· onizo				Z XI NO	Specify					casian		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)			USUAL O		N st of workin	NT.	18b.	KIND OF BUS	SINESS/IND	USTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. L	Do NOT us	e retired.)	de ing mo	or or tronkin	.8							
MP		1	Reta	ail :	Sale	S			Ac	gricul	ture				
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NAI	ME (First, A	Aiddle, Maiden	Sumame)				
BE	Jav Best Cole							orgia				emp			
2	19e, INFORMANT'S NAME (Type/Print)									er, City or Town					
-	George R. Cole, Jr		38	350	Bull:	froq	Rd.	, Tai	neyto	own, M	D 2.17	787			
	20e. METHOD OF DISPOSITION 1 □ Burlat 2 ☑ Cremation 3 □ Remo	val from State	20b. PLACE AI	atory or a	ther nlecel				DATI		CATION —				
	4 Donation 5 Other (Specify)		Smiths	sbur						25 Smi	thsbu	irg,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE						D ADDRES		oility 1 Hor	ne					
	1. Kein Ski	les									nevto	wn.	MD 21787		
	23. PARCE I. Enter the diseases, or co	omplications that cau-	sed the dee	th. Do r									Approximate		
- 1	ehock, or heert failure. L IMMEDIATE CAUSE (Final	let only one cause or	n eech line.										Interval Between Onset and Death		
	disease or condition Car cuncing a Tosis									months					
	DUE TO (OR AS A CONSEQUENCE OF):										7070111				
z	disease or condition resulting in death)  Due to (or as a consequence of):  ProsTale Cancer  Cancer  Cancer  Cancer  Cancer  Cancer											years			
음	Sequentielly list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
2	CAUSE (Disease or Injury														
쁘	thet Initiated avents  resulting in death) LAST														
CERTIFICATION	d.		-												
	PART II. Other algnificent conditions	contributing to daeti	h but not re	sulting	In the ur	nderlylne	g cause g	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS		
CAL				asmero fined							PERFORMED? AVAIL				
MEDIC	a correct is	may Ital	11 1 -	1 VES 2							120		OF DEATH?		
	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEAT	H YE	SI	NOVIZ	LINC	ERTAIN	VIII				1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE	The late			2 0110	, EICIZ(II	, _ ]						
Sic		HOSPITAL:	outpitlant 3 (	DOA	OTHE				6 🗆 Othe	. 10					
Ξ̈́	27. MANNER OF DEATH	28e. DATE OF INJUR	RY	28b. TIM	E OF	28c. INJ		siderice		CRIBE HOW II	NJURY OCC	URED			
	1 Natural 5 Pending	(Month, Day, Yea	ar)	INJ	URY	WO	RK?	NO NO							
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	ne, farm, :	street, fect	tory, offic			281, LOCATION (Street end Number or Rural Route Number,								
빌	4 Homicide determined	building, etc. (S	Specify)						City	or Town, State)					
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kn	nowledge des	th occum	ad at the t	Ima data	and plans	and due	to the sec	sected and more					
M	one)	1: On the beele of examine											and manner se steled.		
	29b. SIGNATURE AND TITLE OF CERTIFIER														
BE	P O CERTIFIER	RAL	700				Z9C. LICI	ENSE NUM	G R		29d. DATE	SIGNED	(Month, Day, Year)		
2	30. NAMÉ AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH WITE	27) /3	Delet 1		11	7	17-	,	/		1 /		
	EDHRAIM ,	BARZ.	A 6 A	eri(nype	NE	- 10	_ (	NI	4 0	SOR	Me	1-2	1476		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI			-										
	JAN 25 199	16 Jalia day	when Pa	1 10											



State of Maryland / Department of Health and Mental Hygiene-

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Veer **Physician** January 21, 1996 3:40 CARTER Joanne /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 50 HOSPITAI FRANKLIN Baltimore 8. Data of Birth (Month, Day, Year) Feb 13, 1956 If Undar 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 9. Birthplaca (State or Foreign Country) D 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 214-70-7980 Yrs. Director Usual Rasidanca of Dacedant the Maryland 10a, State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show BAH: MORE ed other than "natural", or items 23a or 28a-f sho event, the Medical Examiner must be notified at 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? USA Funeral Pages 1 and 2 should be filed within 72 hours after death nent of Health and Mental Hygiene.
int: If Item 27 Is marked other than "natural", or Items 23. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 X No if Yes, Give Year or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1□Yas 22 No BLACK þ Specify: 3 □ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Food Service Elementery/Secondary (0-12) Collaga (1-4or 5+) 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be permit. Pages 1 and 2 should be Department of Health and Menta Important: If New 27 Is marked any lightly or other traumatic events. ice CAKE ပ္ 19b. Melling Addrass (Straat and Number or Rural Royta Number, City or Town, Stata, Zip Code) HUSBAND 123 Lyceti VINSLON Car er 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Other (Specify) John Wesley Cem. 21. Signatu of Funeral & rv Licanson 22. Nama and Addrass of Fecility
BEARD FUNEVO Funera 552 Lewis St. Part 1. Enter the disaesa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset and Death l Physician /Medical Immadiata Cause (Finel Massive Pulmonary Emboli 4 Hours disaasa or conditior rasulting in daeth) Examiner Dua to (or as a consequence of) Examiner b. Hypercoagulable State 1 Month To the Nospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of): physician s the burial Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or es a consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. been signed by the should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probebly 4 ☐ Unknown Systemic Lupus Erythematosus à 24b. Were autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? Insulin Dependent Diabetes Mellitus page 2 1 Yes 2√2 No 1 Yas 2 No director, Be 25. Was casa rafarred to medical 28. Placa of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Medical Certification: To 1 ☐ Yas 2 No funeral 28a. Data of tnjury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Meturel 5 Pending 1 Yas 2 No 2 Accident invastigation the 6 Could not be datarmined 3 Sulcida 28e. Place of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide 15 Certifying Physician: To the best of my knowledga, daath occurred et the time, dete and place, and dua to the ceusa(s) and mannar as stated.
2 Madical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred at tha tima, data and place, and dua to the cause(s) and mannar stated. 29a. Certifier 29b. Signeture end title of certifier 29d. Deta signed (Month, Day, Year) 29c. Licensa number my January 21,1996 D26116 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) Laurie Harris MD. 9000 Franklin Square Dr. Balto, Md. 21237 32 Registrar's Signetura 31. Data filed (Month, Day, Year) State JAN 2 3 1996

Registrar

15 L. M. F. F. SHINY SEE 1.17 26.00 mm in the latest the latest terms of the latest t and the second wife that by the five five attended by an expectable 

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Hea

Department of Health and Me	ntal Hygiene	9	6	0	2	Q	Q	Q
Certificate of Death	Reg No	and a	0	0	Som	-	1	-

Physician	
/Medical	
Examiner	

**Funeral Director** 

"natural", or Nems 23e or 28e-f show refical Examiner must be notified at

Baltimore, Maryland 21215-0020

Physician **Examiner** 

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlar-transit Division of Vital Records, P.O. Box 68760,

	1. Decedent's Nam	a (First, Midd	ila, Last)									2. Data of De				3. Tim	e of Death	
an	HARRY THOMAS CHENWORTH													Day Yaar 23, 1996		05:	:15 a.	
al er	4a. Facility Nama (If not Institution, giva street and number)								4b. City, Town, or Location of Death									
•	GREATER BALTIMORE MEDICAL CENTER								TOW	SON		BALTIMOR			MORE			
	5. Social Security N	lumber	6. Sax	7. Aga (In yrs.	last birtl	nday)	If Unda			ndar 2		8. Data of Bi (Month, De	rth .		9. Birth	placa (Sta	ata or Foreign	
	214-12-40	กลว	1 <b>½</b> M 2□ F	75	Υ	rs.	Months	Days	Hou	ırs	Min.	Apr. 8				ntry) Mary]	bne	
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	10a. Stata	10b. County	у	10c. Ci	ty, Town	or Loc	ation									10d. Inside	e City Limits	
cto	<b>Varyland</b>		Harford							Ba	ldw	7in				1 🗆 ነ	Yas 2 No	
ire.	10e. Street and Nur	mber					10f. Zlp	Coda					10g. C	itizen of	What Cou	ntry?		
a	2700 Ba	ldwin	Mill Road						2	101	3				USA			
ner	11. Marital Status			cedant Evar in U	I,S.	13. W	as Dece	dant of				ecify Yas or No	)-		e - Amari		1,	
by Funeral Director	1 Navar Marri 3 Widowed		rried 1 ☐ Yas	2X No iiva			Tas, spe	dent of Hispanic Origin? (Specify Yas or No- polity Cuban, Maxican, Puarto Rican, atc.)  22 No Specify: Specify: White							white	9		
pleted		ify only highe	nt's Education ast grada complated	)	1 1	Giva k	ent's Usua ind of wo O NOT u	rk done	during	most o	of work	ing	16b.	Kind of B	usinass/ir	dustry		
Be Completed	Elamantary/Seco			(1-4or 5+)					y/Ca			armer			ives	tock		
To Be	17. Fathar's Nama (First, Middla, Last)  18. Mothar's Nama (First, Middla, Maldan Surnama)  Harry Clarence Chenworth  Mary Rebecca Scarff									na)								
-	19a. informant's Na	ame/Ralation	ship (Type, Print)		19b.	Mailing	Addrass	Stree	t and N	ımber	or Run	al Routa Numb	er, City	or Town	Stata, Zi	Code)		
	Trene M	Chen	worth, wi	fe		27	00 B	ald	win	mi 1	1 B	Road, Ba	aldw	vin.	Mary	land	21013	
	20a. Mathod of Disp	position	•	20b. F	Place of	Dispos	ition (Na	ma of				Data			- City or T			
	15 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Spacify)  Commatary, cramatory or other place)  Highview Memorial Gardens 1/26/96 Fallston, Maryland																	
	21 Singulario of Funaral Service Licensen 22. Nama and Addrass of Facility																	
	Howard K. McComas III Funeral Home, P.A.																	
-	23a Pert Enter ti	na diseasa .o	r complications that	caused the deat	th Don	13	17 C	oke	sbur	y F	coac	Abino	gdor	n, Ma	ryla	na a	21009	
	shock, or haa	nt Milura. Lis	t only one cause on	aach Ilna.		or orner	11011100	a or cy	mg, auc	1 03 0	ardiac (	or raspiratory o	iriasi,			Intarval Onset a	Between and Death	
	disease or condition resulting in death)  a. Charles Obstraction Um Disease.																	
ē	Dua to (or as a consequence of):																	
Ė	Sequentially list conditions  Due to (or as a consequence of):																	
Exa	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying																	
Ca	Cause (Diseasa or that initiated evants	Injury	С	c														
B	rasulting in death) i	Last		Dua to (c	лаза сс	nsequ	ance oi):											
an/Medical Examiner	d																	
	Part li. Other eignif	Icant conditi	one contributing to	leath but not res	ultina in	the unc	tertylne e	91169 0	han in E	art I		23b. Did tobacco use contribute to the cause of death?						
hys						l i a i	autiyii ig c	ausa g	146711 111 1	art I.				2 No		Tribute to the cause of death?  3 ☐ Probably 4 ☐ Unknown		
γP	2	may	l Cell	4 00	nce	1						Pe		2 140	0_110	Debiy .	, Coursionii	
B		000	l Cell (	4 00	01							24a. Was	an aut	opsy	24b. W	are autop	sy findings	
olet		YVU	100146	Um	עניא							perio	omed?		CC	railabla pri impletion daath?	of cause	
E												10	V '	a Kala			o D No	
Ö	25 Was casa rafari	1 Yas 2 No																
0	axaminar?	Hospital: 4																
-	27. Manger of Death		28a. Data	of Injury	28b. Ti		3□ DC			] Nurs		28d. Dascribe				(y)		
ig l	1 Natural 2 Accident	5 Pandir	ng (Moi igation	nth, Day Year)	łn,	ury	M	8c. Inju Wo	ork? ]Yas :	2 🗆 Ne				,				
fica	3 Sulcida	8 Could	not ba	e of Injury - At h	oma, farr	n. stree	et. factor					28f. Location (	Street a	and Numi	ber or Run	al Routa N	Vumber.	
Medical Certification: To Be Completed by Physic	4 ☐ Homicida	datarmined  datarmined  28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)							ice 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)									
cal	29a. Certifiar	Cortifyin	ng Phyeician: To th	a best of my kno	wledga,	daath d	occurred	at tha t	ima, dat	a and	place,	and dua to the	cause(	s) and m	annar es s	itated.		
ğ	(Check only one)	∠⊔ Medicai	Examiner: On the t	pasis of axamina nnar statad.	tion and	or Inva	stigation	in my	opinion,	daath	occurr	ed at tha tima,	data ar	nd placa,	and dua t	o tha caus	sa(s)	
Σ	29b. Signatura and	titia of certifia	1 /				290	. Lican	sa numi	oer			29d. D	ata signe	d (Month,	Day, Yes	r)	
	1 You	1	pland	MO				,	12	25	29			1/2	3/90			

6569 N. Charles ST, Buthmere, mo 21204
32. Ragistrer's Signatura

DHMH 16 Rev 6/95

State Registrar 30. Nema and addrass of person who completed causa of daeth (Itam 23a) (Type, Print)

CEZANO, MO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF I	EALTH AND	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF SEATH		3. TIME OF DEATH		
	George	DeWayne Cu	ırry		PAN 221	and 96 m	900 PM			
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign		
	218-26-3434	1 € M 2 □ F 6		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give atree		1	9b. CITY. TOWN	OR LOCATION OF D	Jan. 17,	9c. COUNTY	aryland		
DIRECTOR	114 Mt. Royal Aver		CAIN		ford					
Ĭ	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ION			10d. INSIDE CITY		
	MD Harf	ord		A	berdee	า		LIMITS?		
FUNERAL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
띪	114 MT Royal Av	enue			2	1001	U.S	. A .		
5		12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No- 14.	RACE — American Indian		
	1 Never Married 2 Merried	FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Mexic 2500NO Speci	an, Puerlo Rican, etc.)		Black, White, etc. Specify:		
BY	3 Wildowed 4 Divorced	Vietnam		1	-77.10	7.		White		
ED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION (moletus)	180. DECEDENT'S	JSUAL OCCUPATION done during me	ON	16b. KIND OF BU	JSINESS/INDUST	RY		
		College (1-4 or 5+)	life. Do NOT use	retired.)	st or working			400		
COMPLETE	12	0	Self emp	loved		Real Es	state B	roker		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide		07102		
w l	Frank D. Curry				Jane	Todd				
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Cod	(e)		
۲	Mrs. Caroline M. C	Curry	114 M	t. Rova	l Avenue	, Aberdeer	. Marv	land 21001		
	20a, METHOD OF DISPOSITION	20	D. PLACE AND DATE OF	F DISPOSITION (No			DCATION — City			
	157 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State Cer	netery, cremetory or oth Baker Cem	er place) eterv		1/26 Abe	rdeen	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AI	ID ADDRESS OF FA	CILITY				
	* Kersten Am	/ /	1-1600	Tarri	ng-Cargo	Funeral H	Home, P.	.A.		
-	22 PART I Enter the disease	y cong	esou	Aberd	en, Mar	yland 210	01-3399			
	23. PART I. Enter the diseases, or complications that caded the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart fellure. Liet only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Metastatic Cancewr  Due To (OR AS A CONSEQUENCE OF):									
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF)	•						
AL C	PART II. Other aignificant conditions	contributing to death t	out not resulting in	the underlying	cause given in	Part I. 24a, WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
						PERFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 D YES	2 XNO	OF DEATH?		
	DID TOBACCO USE CONTRIE	BLITE TO CALISE C	E DEATH VEG	ПИОГ	LINCEDTAL		- 1	1 TYES 2 NO		
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL	COLL TO CHOSE C	26. PLACE OF DEATH		UNCERTAI	A KT				
2	EXAMINER?	IOSPITAL:		OTHER:						
<u>"</u>	1 YES 2 NO 1	Inpetient 2 ER/Out				8 Other (Specify)				
2 2	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	RK7 'ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D		
n i	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
MPLE	29e. CERTIFIER (Check only one)									
		On the basis of examination	n end/or investigation,	, in my opinion, o	n, death occured at the lime, date and place, and due to the cause(s) and manner as state					
2	296. SIGNATURE AND TITLE OF CENTIMER	1 1			29c. LICENSE NUI	MBER	29d, DATE SIG	NED (Month, Day, Year)		
		~	DME		OCME		1-	22-1996		
	G.S.Prabhu M.D.	1810 Bela	air Rd#1		lston	MD21047				
	JAN 2 3 1996	Jalia Dusta	ar Bardall							

